

BENEFITS REWARDS & SUPPORT



Incentives to Build Quality & Reduce Turnover in the Iowa Child Care Workforce



A report on a study conducted for
The Iowa Empowerment Board
and the
Iowa Department of Management

by
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EXECUTIVE SUMMARY

During the 81st Session of the Iowa General Assembly, legislators charged the Iowa Empowerment Board with the task of studying incentives that would encourage professionals to enter and stay in the early care and education (ECE) field. With technical assistance from Iowa State University, this study used reports from former and current child care practitioners and those working in both centers and family child care. The study also draws on previous studies to provide baseline information on the education and wage levels of Iowa's ECE workforce, as well as outlining a framework for viewing current and potential efforts to encourage high quality professionals to become practitioners and remain active in caring for and educating Iowa's children.

The ECE workforce represents a large segment of the Iowa workforce. Excluding care provided through informal arrangements where money is not exchanged for services, current estimates indicate that Iowa has more than 12,000 facilities (centers or in-home) providing early care and education to its more than 570,000 children under the age of 13 years (U.S. Census 2000). Excluding preschool programs housed in public schools and informal child care arrangements where there is no reported exchange of money, Iowa's child care workforce alone employs more than 17,000 persons (Larson, Artz, Hegland, Kuku, & Otto, 2005).

Incentives may be broadly viewed as those for individual practitioners and those targeted at programs or facilities. Recruitment incentives for individual practitioners are designed to encourage individuals to enter the field by offering them benefits (such as those expected under other types of employment situations), providing support for the education process that does not have to be repaid, or rewards such as initial placement and salary at above-entry level. Professional development incentives support the existing workforce as its members improve their knowledge and skills through career counseling, training supports, and education supports. Finally, while professional development incentives could be viewed as efforts to retain the workforce, other more direct retention incentives include rewards such as money and equipment, recognition, and efforts to create a work environment that is productive and rewarding.

Workforce turnover

The most recent estimate of teacher turnover in Iowa's non-publicly funded child care centers is 20%, while centers are experiencing assistant teacher turnover at a rate of 45%. Turnover for teachers and assistant teachers is significantly higher in urban centers than in rural centers. Turnover is much lower in Iowa early education programs where teacher education level is higher due to federal or state regulations (for example, Shared Visions or Head Start). Based on self-reported data provided during the Iowa Child Care Workforce Study (2002), the

percent of child care business owners who have no idea when they will close their business is nearly half of this section of the workforce (41%).

Iowa has undertaken one program to provide incentives for professional development of the workforce. The Iowa T.E.A.C.H. program provides education, incremental wage increases or bonuses, and career counseling. In addition, each T.E.A.C.H. participant is required by contract to remain in their position – either at a child care center or as a family child care business owner – for at least one year after completion of their scholarship year.

Child care center programs

Teachers working in Iowa's child care centers during 2004 earned an average annual salary of \$20,316. Assistant teachers earned an average of \$15,115. Iowa teachers average 14.8 years of education, up eight-tenths from their average education level in 2000. Median salary for teachers in 2005 was \$18,720, an increase of approximately 18% compared to the 2000 report. For assistant teachers, education levels have increased by nine-tenths of a year, while median salary has increased from \$12,480 to \$14,976 (12%).

One out of every three Iowa child care centers makes health insurance available to full-time teachers with premiums either partially or fully paid by the center (33%), while dental insurance (with partially or fully paid premium) is available in 17% of centers. Other recruitment benefits more likely to be available include reduced child care fees (57%), written contracts (56%), and written job descriptions (92%).

Urban teacher and assistant teacher turnover is higher than rural and assistant teacher turnover. The highest annual salary level for rural teachers is significantly lower than the highest annual salary for urban teachers. Rural center staff report they are significantly less likely to have health insurance and professional development materials through their employers than are urban staff.

The most frequent reason that center practitioners work in the field is that the field is a personal calling or their career/profession. "Work to do while their own children are young" was the least common reason for working in child care among current center workers. Current center staff who plan to remain for more years in child care are those with more benefits available to them and those who see child care as a career. Those who see child care as a career are more likely earning a higher annual salary and have more benefits available to them.

Telephone interviews conducted with 11 individuals who had left work as a teacher or assistant teacher in a child care center in the previous 12 months indicated these former center staff would have been more likely to stay if the pay and benefits had been better. Both center directors and former center practitioners discussed the negative impact on the ECE field resulting from the lack of public recognition for the early care and education profession.

Family Child Care Practitioners

Average education level reported by randomly sampled, family child care practitioners in 2002 was 12.9 years. Wage reports from family child care practitioners in 2002 indicated a median annual salary of \$14,709. From this amount, these business owners paid an average of \$9,450 in expenses necessary to carry on their business. Thus, take home pay for the average family child care professional was approximately \$5,259 per year – or roughly \$2.02 per hour. For half of family practitioners, health insurance coverage was provided through the spouse or partner's employer. Nearly one fourth (23%) of family practitioners do not have health insurance for themselves, while 9% of those with dependent children say their children are uninsured.

Unlike current center practitioners, former family child care practitioners were most likely to see family child care as work to do when their children are/were young, and least likely to see family child care as their career or profession. The most common reason for leaving family child care was to make more money, which was indicated by nearly half of the former family practitioners surveyed. The second most common reason for leaving family child care was the challenge of juggling a home-run business with the practitioner's own family needs.

Four types of child care practitioners

This retention & recruitment study identifies a model explaining motivation for quality care and knowledge for four different types of practitioners:

- Child Development Professional,
- Nurturer,
- Personal Family Needs Practitioner,
- Convenience Seeker.

These types differ in the need for incentives related to motivation and skills. Due to limitations associated with the data collected for this study, it is not currently possible to estimate the number or percentage of providers who fall into each of these category types. It is important to note that only Convenience Seekers state that they can earn more money with less effort in child care than in other work, a statement that may reflect their work skills and work ethic. The Convenience Seeker is rarely seen working as a center practitioner, while the remaining three types can be found in both center and family child care. The remaining three practitioner types all identify the need for wage and benefit incentives in order to remain in the field.

Child Development Professionals, as a group, typically have completed a post-secondary program in a profession related to child development. This practitioner sees child care/early education as her career or profession and tends to stay in the field longer than she had initially planned. Inadequate wages and/or benefits will drive these practitioners, who are the most likely of the four types to be knowledgeable and highly motivated to provide quality care, out of early care and education.

The second practitioner type, the Nurturer, enters the field because she loves to work with children. She sees child care as her calling, and intends to remain in the field. Only a catastrophe, such as her own health crisis or that of her spouse (e.g., cancer, multiple sclerosis, blindness, stroke), forces her to leave the field. Some Nurturers lost their in-home child care businesses upon moving to a new community where they lacked a network for referrals.

The third practitioner group is the Personal Family Needs practitioner. The Personal Family Needs practitioner temporarily leaves another profession to work in early care and education for a limited period of time, while her own children are young. After making the decision to leave her profession and open a family child care business in order to spend more time with her children, she often leaves because she finds that the demands of the family child care business leave her little time to spend with her own children. She may also work in a center for a time, if the benefits support her own need for child care. The Personal Family Needs practitioner who has a more recent college degree is likely to leave early care and education earlier than she had planned.

Convenience Seekers, the last group of practitioners, are seeking the easiest, most lucrative way to earn a living. The Convenience Seeker is typically found in family child care. This type resents limits put on her income-earning potential by state regulations that require training or that limit the number of children in her care and complains about difficult parents. She leaves the field when regulations restrict her income or force her out (e.g. because a household member has a criminal offense) or when her housing circumstances prevent her from providing care in her home. She is not interested in any professional development or training program and her comments indicate a lack of awareness that additional training in child development, guidance, parent relationships, and/or business practices could have helped her be more successful at recruiting and maintaining clients.

Study results strongly indicate that wage and benefit increases are needed to attract and maintain qualified educators to early care and education settings. The task for a recruitment, retention, and professional development incentive system is to increase the understanding of the Nurturer and the Personal Family Needs practitioner, while maintaining the motivation of the Nurturer, Personal Family Needs, and Child Development Professional. Comparable wages are critical. Clearly, no person can be motivated to pursue a two- or four-year degree in order to obtain an annual salary less than \$20,000. Currently wages in early care and education are lower than wages for custodial workers and animal caregivers. Affordable health insurance was also frequently mentioned by practitioners as a key to stay in the field.

Recommendations

Motivation to enter and remain in the ECE field is the result of an interplay of personal needs, meaning given to a person's work life, and events that require a change of course, especially when the employment situation does not support the life course change

Recommendation 1: Increase the number and size of financial incentives for the ECE workforce.

Recommendation 2: Make health insurance and retirement planning available to the ECE workforce.

Recommendation 3: Expand the availability of business practices training for center program administrators and develop similar training and technical support for family child care practitioners.

Recommendation 4: Create public awareness that early care and education is a highly respected and important profession.

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BENEFITS, REWARDS, AND SUPPORT: INCENTIVES TO BUILD QUALITY AND REDUCE TURNOVER IN THE IOWA CHILD CARE WORKFORCE

The existence of a supply of persons willing to enter, work, and remain as professionals in the early care and education field is one critical assumption by Iowa's early childhood leadership as they seek to identify, implement, and evaluate strategies to increase the quality of early care and education in Iowa (Early Childhood Iowa, 2005). Leadership also assumes a supply of early care and education programs, whether based in centers, public schools, or family homes where early care and education professionals will work.

During the 81st Session of the Iowa General Assembly, legislators charged the Iowa Empowerment Board with the task of studying incentives that would encourage professionals to enter and stay in the early care and education field – a study of the state's current and potential retention and recruitment efforts with the Iowa early care and education (ECE) workforce¹. With technical assistance from Iowa State University, this report offers results of a study that included accounts from

- child care center directors and family home business owners;
- ECE practitioners² providing care in centers and those offering care in their homes;
- active child care practitioners and those who have left the profession of direct care to children in the last 12 months;
- best practice facilities and practitioners nominated by Iowa Department of Human Services child care consultants. Nominated facilities also included those receiving Head Start funding, Shared Visions funding, or operating under the auspices of a community public school system.

This report also draws from previous studies to provide baseline information on the education and wage levels of Iowa's ECE workforce, as well as outlining a framework for viewing current and potential efforts to encourage individuals with high knowledge, skills, and motivation levels to become practitioners and remain active in caring for and educating Iowa's children. Readers

¹ The Iowa empowerment board shall conduct a study of incentives that can be made available to persons who provide early care, as defined in section 28.1, as amended in this Act, and childcare, including but not limited to professionals of child care regulated by the department of human services or the department of education, preschools, head start programs, and other persons who have no or limited benefit packages and provide services to children. The incentives studied shall include but are not limited to forgivable loans for higher education expenses, health care benefits, and retirement benefits. The board shall report to the governor and general assembly on or before December 16, 2005, with findings, recommendations, and a fiscal analysis of options (H.F.761, Sec. 17).

² The term "practitioner" is used throughout this report to denote individuals who work as teachers and assistant teachers in child care center programs and family child care providers, offering care in their home.

who require information on study methodology or the databases used for this analysis are directed to the appendices of this report.

A FRAMEWORK FOR VIEWING INCENTIVES

Young children learn best in child care environments that allow them to develop lasting, warm relationships with the adults who care for them (Cummings, 1980; Howes, 1988). Lower wages and education levels for child care practitioners are associated with higher levels of professional turnover and poor child care quality both at entrance to kindergarten (Peisner-Feinberg & Burchinal, 1997) and in later elementary years (Peisner-Feinberg, Burchinal, Clifford, Culkin, Howes, Kagan & Yazejian, 2001).

In conducting this study, researchers assumed that the state of Iowa is interested in increasing the number of practitioners working in the early care and education workforce. Incentives may also be used to motivate existing professionals to increase their knowledge and skills in providing quality early care and education for children by taking additional education courses. Thus, we further presumed that Iowa is interested in increasing the education level of the ECE workforce. In summation, we assumed that the state would prefer to motivate early care and education practitioners who possess the skills, knowledge, and motivation to provide high quality care to enter and remain in the field by offering incentives.

Incentives may be broadly viewed as those for individual practitioners and those targeted at programs or facilities. General categories for incentives include salary or wage supplements/increases, benefits, supports, and rewards. However, a framework for viewing incentives designed to encourage individual ECE practitioners must differentiate between recruitment, professional development, and retention incentives. In Table 1 (following page), we illustrate examples of these three types of individual incentives, which Iowa or any state considering how to build and maintain a quality workforce may consider.

Recruitment incentives are designed to encourage potential practitioners to enter the field by offering them benefits (such as those expected in other types of employment situations), providing support for the education process that does not have to be repaid, or rewards such as initial placement and salary at above-entry level. Professional development incentives support the existing workforce as they improve their knowledge and skills through career counseling, training supports, and education supports. Finally, while professional development incentives could be viewed as efforts to retain the workforce, other more direct retention incentives include rewards such as money and equipment, recognition, and efforts to create a work environment that is productive and rewarding. Included in retention incentives are changes to the state's system of rewards and recognition that recognize the role and contribution of practitioners working in centers. Changes currently planned for the system (for example, in the state's Quality Rating System) focus on facilities (center and home) and do not create an identity for center staff as a member of the early care and education profession.

Together, the three types of incentives illustrated in this framework provide a structure to examine the current status of retention and recruitment efforts and any future changes that may be anticipated to increase the quality and size of the Iowa ECE workforce.

Table 1. Three types of individual incentives and examples to build a quality ECE workforce

Recruitment incentives <u>Benefits</u>	Professional development incentives <u>Career development support</u>	Retention incentives <u>Rewards</u>
<ul style="list-style-type: none"> • Health insurance • Dental insurance • Life/disability • Retirement • Flexible paid time off (sick pay, vacation) • Reduced/free child care 	<ul style="list-style-type: none"> • Counseling 	<ul style="list-style-type: none"> • Wage supplements • Year-end bonuses
<u>Rewards</u>	<u>Training support</u>	<ul style="list-style-type: none"> • Cost of living or merit increases • Program equipment
<ul style="list-style-type: none"> • Living wage • Respect for profession • Alternate degree routes • Above entry-level placement • Hiring bonuses • Scholarships • Forgivable tuition loans • Program equipment 	<u>Education support</u>	<u>Recognition</u>
	<ul style="list-style-type: none"> • Paid release time for training and conferences • Conference and training fees paid • Program equipment • Tuition & fee reimbursement • Books reimbursement • Paid release time for class and study 	<ul style="list-style-type: none"> • Certificates • Public recognition
		<ul style="list-style-type: none"> • Infrastructure changes that recognize the role of practitioners working in centers
		<u>Work environment enhancements</u>
		<ul style="list-style-type: none"> • Low adult/child ratios • Low class size • Formal mentoring and support
		<u>Support:</u>
		<ul style="list-style-type: none"> • Other practitioners to talk to

Table 2. Three types of ECE program level incentives with examples

New program development	Program quality improvement	Program retention
<ul style="list-style-type: none"> • New program development loans • Tax breaks • Technical assistance 	<ul style="list-style-type: none"> • Scholarships for program administration training • Scholarships for leadership training • Technical assistance 	<ul style="list-style-type: none"> • Emergency loans • Tax breaks • Formal networking for mentoring, support, and discounted supply purchases • Improvements to the Child & Adult Care Food Program • Improve child care subsidy levels • Improve child care subsidy procedures

Table 2 illustrates three types of program level incentives with examples. New program development may include small business loans to help defray start-up costs for new programs

as well as technical assistance in program start-up. Program quality improvement incentives include technical assistance, tuition support for program administration and leadership training. Retention efforts may include financial incentives or assistance (e.g., emergency loans), peer networking, and state level policy changes that provide a stable foundation for programs that offer care to children with special needs or whose families have low incomes.

While the issue of program level incentives is an important one for any state seeking to provide quality ECE services, this report does not attempt to identify and examine program incentives for Iowa's early care and education system. The primary focus of this study is to examine incentives at the individual level in the three areas mentioned previously – recruitment, professional development, and retention (see Table 1).

THE IOWA EARLY CARE AND EDUCATION WORKFORCE

Since 1999, researchers and leaders in Iowa's early care and education field have been working to describe the early care and education workforce in Iowa, including profiles of center staff and family child care practitioners, as well as the quality of care being offered in Iowa child care facilities. Creating this profile has been considerably difficult since Iowa has never had a registry or other tracking mechanism that would provide program data to evaluate the state's efforts in developing quality ECE services. Indeed, under the current regulatory environment for in-home or family child care, no high quality list of non-registered practitioners who offer care in their home is available. Iowa's policymakers and early childhood leadership also have no idea what the quality of care is in these non-registered facilities.³

However, progress is being made. In 2000 and 2002, randomly sampled surveys conducted for the Iowa Child Care Workforce Study⁴ (Larson, Hegland, & Jeon, 2002; 2000) provided baseline information on education levels and wage levels of the workforce within a certain margin of error. In January 2005, additional data from child care directors of center programs in the state were added and are reported here.⁵

In Table 3 (on page 5), we estimate the number of Iowa ECE programs (+/-5%). Excluding care provided through informal arrangements where money is not exchanged for services, the state currently has more than 12,000 programs providing early care and education to its more than 570,000 children under the age of 13 years (U.S. Census 2000). Excluding preschool programs housed in public schools and informal child care arrangements where there is no reported exchange of money, Iowa's child care workforce alone employs more than 17,000 persons (Larson, Artz, Hegland, Kuku, & Otto, 2005).

³ Practitioners caring for fewer than 6 children have the option to register with Iowa's Department of Human Services.

⁴ With support from the Iowa Early Care and Education Professional Development Project

⁵ With support from the Iowa Business Council and the Department of Sociology, Iowa State University

Table 3. Estimated number of Iowa's ECE programs⁶

Type of facility	Estimated number of Iowa facilities
DHS licensed center programs	1,455
Preschool programs in public schools	500
Registered family home practitioners	5,668
Non-registered family home practitioners	3,868 – 4,275
Informal child care arrangements	Unknown

WORKFORCE TURNOVER

Workforce turnover is usually defined as the annualized rate at which a given group of workers leaves a place of employment or an industry employment sector. However, turnover can be calculated using more than one method. Using January 2005 data from center directors, we have estimated turnover in child care centers by using non-publicly funded center program directors' self-reported estimates of the number of teachers and assistant teachers who have left the program in the previous 12 months, divided by the total teacher and assistant teacher positions per program. The most recent estimate of teacher turnover in Iowa's non-publicly funded child care centers is 20%, while centers are experiencing assistant teacher turnover at a rate of 45%.

Table 4. Comparing teacher turnover in Iowa ECE programs: Publicly-funded programs versus non-publicly funded programs

Program type (source information period)	Turnover rate
Non-publicly funded ECE programs (calendar year 2004)	20%
Head Start (2003-2004)	12%
Shared Visions (2004-2005)	2%

Given accepted knowledge that quality care is associated with higher practitioner education levels, it is interesting to compare turnover rates for Iowa's non-publicly funded centers with publicly-funded programs such as Head Start and Shared Visions, where staff is required to have higher education levels (Table 4). For Iowa Head Start programs where requirements for teacher education levels are established, turnover is around 12%. In Iowa's other publicly-funded early education program, Shared Visions, the turnover rate is approximately 2%.

Turnover in these publicly funded programs is influenced not only by the education level of staff, but also by the stability of funding in the programs. When a child leaves a publicly-funded

⁶ Source of estimates for licensed DHS programs, registered family practitioners is Iowa Department of Human Services. Source for non-registered family providers is Larson, Artz, Hegland, Kuku, & Otto, 2005. Source for preschool programs housed in public schools is (http://www.state.ia.us/educate/fis/pre/coer/doc/statewide_profile05.pdf.)

program, funding for that child remains with the center supporting the center's infrastructure until another child replaces the leaving child. This funding provides a stable resource to maintain appropriate staff qualifications, staff/child ratios, and overhead expenses such as rent and utilities. However, when a child leaves a non-publicly funded program, the parent fees and child care assistance (subsidies) associated with that child go with the leaving child. These program income sources are not available until another child fills the leaving child's place. Thus, the stability of resources in non-publicly funded programs is more volatile, affecting staffing levels and other measures of quality in these programs.

For family child care practitioners, turnover is more difficult to calculate, again because of the lack of a registry or tracking system in the state. However, based on self-reported data provided by the Iowa Family Child Care Providers' Survey (2002), the percent of family practitioners who have no idea when they will leave the field is nearly half of this section of the workforce (41%).

Turnover is important for three reasons

There are three reasons why the state's focus on turnover is both timely and appropriate. First, children thrive when they experience stable relationships with the adults who care for them. Constant turnover generates a steady stream of different practitioners, thereby increasing the likelihood that a child will not develop an emotional bond with the care practitioner or teacher. Research indicates that this failure to bond leads to less than optimal child outcomes.

Second, turnover rates are important because child care practitioners must stay up-to-date with training in both introductory and advanced methods for educating and caring for children. When one trained provider leaves the workforce, that provider must be replaced by another person who will likely also require introductory training, at the expense of the program or the state, to achieve the skill and knowledge level of the former provider. Constant high turnover leads to training curriculums for ECE providers that must focus on introductory training topics (e.g., CPR, health and safety, early childhood development) instead of advancing the overall knowledge and skill level of the workforce to a more sophisticated level.

The situation in Iowa may be more easily understood with a simple analogy. Imagine a training race to improve the quality of Iowa's ECE workforce. Each member of the workforce begins at the starting line with basic training. However, by the end of any one year, somewhere between 20% and 40% of race participants have dropped out of the race and must be replaced

Reduced workforce turnover is important

1. Reduced turnover affects child outcomes by facilitating a lasting relationship between the child and the educator or care practitioner.
2. Reduced turnover assists in more efficient use of training funds.
3. Reduced turnover enhances the availability and accessibility of child care.

at the starting line to begin the race again. At this rate, very little progress toward attaining a high quality workforce is made over time.

The issue is even more of concern when one considers the specialized training necessary to care for Iowa's children with disabilities. The level of training and education required to care for children with special needs is significantly higher, while available workforce to replenish the "runners" is nearly non-existent. Furthermore, high turnover generates higher expenses for the more costly, specialized training - resulting in higher rates for parents, higher expenses for practitioners, and potentially higher subsidy rates for the state of Iowa.

Nationally, education and training levels for the U.S. ECE workforce have been declining since 1980. "The share of U.S. center-based teachers and administrators with at least a four-year college degree averaged 43% from 1983 to 1985, but only 30% in the last three years. Conversely, the share of ECE teachers and administrators with a high school education or less climbed from less than 25% in 1983/84 to around 30% in recent years (Herzenberg, Price, & Bradley, 2005, p.1)."

The third reason that turnover is important is its impact on the availability and accessibility of Iowa child care. Parents whose practitioner closes down her/his business must conduct a search process that takes between two and four weeks (Larson, Artz, Hegland, Kuku & Otto, 2005). During this time, parents are more likely to be late for work, absent, or distracted than parents who have child care for which they are confident (Moon & Burbank, 2004). Furthermore, parents who are stressed over the search process have less time to spend with their young children in everyday parenting activities, such as reading a book, playing a counting game, or sharing a meal with the family - all activities which encourage these children to be ready for kindergarten. Moreover, in rural areas, Iowa parents are more likely to report that they have fewer choices for child care in their community than are parents in urban areas (Larson, et al., 2005).

PROMISING PROFESSIONAL DEVELOPMENT PRACTICE: IOWA T.E.A.C.H. ®

In 2003, Iowa implemented Teacher Education and Compensation Helps® (T.E.A.C.H.). The Iowa program is operated, as are programs in 23 other states, under license with Day Care Services Association of North Carolina. The program goal is to provide a sequential professional development path for early childhood professionals working in centers and family child care. Coordinated by the Iowa Child Care & Early Education Network, T.E.A.C.H. provides financial scholarships for tuition, books, travel stipends, and substitute time, in addition to career counseling and increased compensation when annual program commitments are met. Primary funding for T.E.A.C.H. IOWA comes from local Community Empowerment areas, and through federal Child Care Development Block Grant quality dollars administered through the Iowa Department of Human Services.

The primary focus of the program is professional development. However, each T.E.A.C.H. participant is required by contract to remain in their position – either at a child care center or as a family child care business owner – for at least one year after their scholarship year. In addition, center participants are given incremental wage increases or bonuses, and family child care providers receive bonuses every six months after the first year of college, as long as they continue with the program. Thus, participants may also experience other effects such as wage rewards and retention. Because the program has been in operation for two years, it is not yet known whether the program will have long-term retention effects. In addition, T.E.A.C.H. IOWA, due to current funding limitations, does not currently support education beyond the nationally recognized CDA credential or an early childhood college associate degree (except in counties where Empowerment funding supports four year degrees). Additional resources would be needed to expand the program to support early childhood professionals seeking to complete degrees beyond associates, as well as to fully support all child care providers in Iowa who wish to seek associates' degrees.

T.E.A.C.H. is one beginning step that Iowa has taken to support ECE practitioners by supporting participants' efforts to gain additional education. Further uses of incentives to minimize turnover in the Iowa ECE workforce have the potential to benefit children by providing more stable relationships between young children and their ECE practitioners, reducing training costs associated with maintaining a quality workforce, and increasing availability and accessibility of quality child care for families.

INCENTIVE INITIATIVES IN OTHER STATES

Iowa is not alone in its interest in providing incentives. In fact, several states began initiatives designed to increase recruitment, professional development, and retention prior to Iowa. Appendix H provides information from a study supported by the National Association for the Education of Young Children describing publicly funded efforts in 9 states to use wage supplements or benefits to encourage workforce recruitment and retention (Mitchell, 2002). While this table is not designed to be a comprehensive review of state's efforts in this area, it does provide examples that Iowa may consider as it begins to explore incentives. For example:

- In the state of Washington, a pilot program called CAREER LADDER uses TANF funds to finance an \$8 million program that pays wage increments for ECE practitioners with education that goes beyond regulated job requirements. State funding is also used to split the cost of wage additions for experience based on the percentage of subsidized children receiving care in participating centers. In Washington, individuals with a bachelor's level education can receive a wage supplement for as much as \$4,000 per year. Early evaluation results from this program indicate that high quality ECE experience positively predicts children's performance into the K-12 years. Quality of the experience was tied to classroom behavioral skills (e.g., thinking/attention skills, socialization, and peer relations) and cognitive skills (language and math). At-risk children were likely to experience greater

affects as a result of quality experiences than children not considered to be at-risk (Moon, & Burbank, 2005)

- TANF funds are also used in New York where a \$40 million program rewards workers who have been employed for 20 hours per week and at least 1 year directly caring for children in any licensed or registered program except Head Start or preschool. New York practitioners receiving the supplement must earn less than the state's mean annual kindergarten teacher salary. New York practitioners with a bachelor's degree may receive up to \$2,000 additional pay, depending on whether they provide direct care to children.
- North Carolina's WAGES Project uses Smart State funds plus CCDF funding to award stipends to two categories of individuals, 1) directors and 2) teachers, assistants, family child care practitioners. In order to receive a stipend, the participant must work at least 10 hours per week in a licensed program that serves children under 5 and earn less than a specified amount that is dependent on the category. For example, individuals with bachelor's level education in child development may receive as much as an additional \$6,000 per year, in addition to their regular salary.

A few state programs offer benefits such as health insurance. North Carolina's T.E.A.C.H. Early Childhood® Health Insurance Program helps fund the cost of health insurance for individuals working in child care programs that have made a commitment to support the education and compensation of their staff. In Michigan's Wayne County, a pilot program offers health insurance to eligible child care workers. This program is underwritten by the state employee's health insurance program (DeVita & Montilla, 2003).

EARLY CARE AND EDUCATION SERVICES ARE VITAL TO IOWA FAMILIES

In Iowa, six of every ten children under age 5 are in some type of child care arrangement while their parent(s) work. For several years, Iowa has ranked in the top five states for the percentage of children under 6 with all parents in the workforce (U.S. Census Bureau, 2003a). Table 5 (p. 10) illustrates estimates for the number of children in various types of early care and education arrangements. Approximately half of Iowa's children under age 5 are in an ECE arrangements with a family practitioner. Between 52,000 and 58,000 in this age group are in center arrangements. (Column estimates in Table 5 do not add to 188,413 because many parents use more than one type of arrangement to create a patchwork of care and education for their children.)

A study completed earlier this year at Iowa State University suggests that the early care and education industry plays three economic roles in Iowa (Larson et al., 2005). First, parents are more productive at work when they have quality child care available. Second, quality child care benefits Iowa businesses by preparing the next generation of workers for the state and by allowing parents the time to spend with their children in activities leading to school readiness. Finally, the ECE industry contributes to the economic vitality of the state. This study estimates

that the ECE industry has annual receipts totaling more than \$400 million. Further, every dollar invested in ECE services reaps an additional benefit of 66 cents. So, the \$400 million in receipts generate more than \$660 million annually in supplies, utilities, taxes, and other economic impacts for the state.

Table 5. Estimated range in number of Iowa children in various child care arrangements⁷

Type of care	Children under age 5 (n=188,413)	Children 5 to 12 years (n=328,466)
Family child care	95,224 to 105,248	69,586 to 76,910
Spouse (partner)	68,554 to 75,770	89,556 to 98,983
Other relative	65,869 to 72,803	119,512 to 132,093
Center care	52,266 to 57,767	69,586 to 76,910
Preschool/child care	35,440 to 39,171	43,062 to 47,595
Other type of care	24,522 to 27,103	43,062 to 47,595
Brother/sister of child	16,646 to 18,399	63,033 to 69,668
Not in child care	78,579 to 86,850	199,707 to 220,707

While research suggests that parents know how to identify quality ECE services, parents are at a disadvantage due to the complexity and multi-faceted nature of these services. Hofferth and Chaplin (1998) advise that parents are handicapped in their capacity to assess quality. For example, parents are unable to conduct tests for the presence of lead in a child care facility's water and physical environment. Parents also are at a disadvantage because they cannot be with their child all of the time, while they are in care. Yet, many young children are unable to report what happens to them during their early childhood experience because they are too young. Further, parents are disadvantaged because the outcomes of poor quality care are often so far removed from the parent and child's current experience. For instance, "research has found at-risk children who participate in high quality preschool programs are less likely to be dependent on welfare or involved in criminal activities as young adults than those who did not. Thus, even in a world of perfect information, parents might provide lower quality care for their children than would be optimal from a societal perspective (Hofferth, S. & Duncan, C., 1998, p. 114)."

Salary and benefits, formal education and recent training and higher education were among the predictors of higher quality care in the four states in the Midwest Child Care Research Consortium Study (2002). However, Hegland, Peterson, Jeon, and Oesterreich, (2002) found that Iowa caregivers earned, on average, lower salaries for full-day, full year work and had completed, on average, fewer training hours than caregivers in Nebraska, Missouri, and Kansas.

⁷ Larson, et al., 2005

Thus it is essential and highly appropriate that Iowa explore incentives that are synchronized to increase the size of the workforce while also improving the quality of the ECE workforce.

STRENGTHS AND LIMITATIONS OF THE DATA

Data used during analyses for this study represent a significant step toward an increase in our understanding of the conditions under which child care practitioners currently work in Iowa, their policies, procedures, and their perceptions of the effect of incentives. These data also allow comparisons between former and current practitioners, as well as those doing business in rural and urban locations. However, as the study methodology was developed, we encountered significant challenges in locating lists of current staff working in centers, and former practitioners that could be used as sampling frames in order to generate random samples. Thus, due to limitations of these data, information from this report should be used in combination with other data sources and professional experience to develop changes to policies and procedures, which will lead to better outcomes for practitioners and children in Iowa.

Survey results based on data collected from family child care practitioners during the 2002 Iowa Family Child Care Providers' Survey is more than 3 years old. Estimates for *registered* family practitioners are derived from a randomly sampled population with a margin of error of +/- 5%. However, because there was (and still is) no general list of *non-registered* persons providing child care to children unrelated to the practitioner, we are unable to estimate a margin of error for non-registered respondents. Hence, results cannot be generalized to all, non-registered practitioners in the state.

The sampling frame for the 2005 survey of child care center directors was deliberately limited, as part of the planned methodology. However, these data represent the most recent attempt to collect information from center directors we could find available. Our purpose in conducting the original survey was to obtain a random sample of programs that did not receive public funding such as Head Start and Shared Visions. Since no list existed, we chose to use lists of centers, in combination with knowledge held by personnel of the state's Child Care Resource & Referral agencies to select directors eligible for the sampling frame. Thus, these results cannot be generalized to programs that do receive public funds.

Caution should be used in generalizing from additional samples collected for this study of incentives during Fall 2005. Adequate sampling frames for former family practitioners, current center staff, and former center staff do not exist. Thus, we are unable to provide an estimate of error for these databases. Finally, the telephone interviews conducted with best practice directors and family practitioners are intended to describe the policies, procedures, and perceptions of individuals, who are viewed as examples of the most effective programs either by state regulatory staff or because of accreditation with a national organization. Data from these

interviews is qualitative - intended to be descriptive only - and should not be generalized to all practitioners in the state.

RESULTS

Results in this section are divided into two areas: 1) child care center programs and 2) family child care programs. Information on demographics and percent distributions for some of the databases used for analysis are available in the appendices of this report.

Child care center programs

The sources of information used for analyses in this section on child care center programs included

- January 2005 questionnaire distributed to randomly selected Iowa child care center directors.
- A questionnaire distributed to center staff in purposively sampled child care centers during fall 2005.
- Fall 2005 telephone interviews with purposively sampled, best practice child care center directors.
- Fall 2005 telephone interviews with a convenience sample of former center staff.

Randomly sampled child care center directors

Data from the database of randomly sampled child care directors provided up-to-date information on the general population of child care center programs in Iowa. Information presented here includes salary and education comparisons with data collected during a similar survey of center directors in 2000 (Larson, Hegland, Jeon, 2000).

At this point, we ask the reader to examine their assumptions about the distribution of teachers and assistant teachers in child care centers. While most readers understand that the ratio between adults and children in a classroom varies depending on quality standards and the age of the children, readers who have never worked in a child care center may assume that in a typical child care classroom, there is a teacher and one or more assistant teachers. However, in these data, we found several arrangements that describe the number of assistant teachers, teachers, and children. Some directors reported no assistant teacher positions at all, while others reported no teacher positions. In some centers, the number of assistant teachers was greater than the number of teachers, suggesting that a teacher may have responsibility for more than one classroom. In other centers, the number of teachers was greater than the number of assistant teachers, suggesting that not all teachers have an assistant. Further, in some centers teacher-directors have responsibility for teaching and managing some or all aspects of the program.

For the child care director data collected in January 2005, the average number of teachers per center was 4.12 (SD⁸=5.64; range 0-57). The average number of assistant teachers per center was 5.28 (SD=8.58; range 0-75).

Salary and education. Table 6 illustrates mean, minimum, maximum, and quintile salary levels for Iowa teachers and assistant teachers as of January 2005. Teachers working in Iowa's child care centers earned between \$4,679 and \$56,160 per year, with an average annual salary of \$20,316. Assistant teachers earn between \$3,915 and \$24,000 per year, with an average annual salary of \$15,115.

Table 6. Descriptive statistics for Iowa child care center staff salaries (Jan 05)

	Mean	SD	Min	Max	percentile			
					20 th	40 th	60 th	80 th
For teachers in Iowa centers (n=203 director responses)	20,316	7,302	4,679	56,160	14,560	17,680	23,580	23,932
For asst. teachers in Iowa center (n= 181 directors)	15,115	3,157	3,915	24,000	12,480	14,219	15,680	17,580

Average education levels for teachers and assistant teachers working in Iowa child care centers in 2000 and 2005 are provided in Table 7. In order to compare the level of education completed by practitioners in different types of programs, we converted the academic degrees completed into years of schooling completed. For example, a high school degree was judged equivalent to 12 years of schooling, an AA degree was 14 years, a Baccalaureate degree 16 years, and a Master's degree, or other advanced degree was 18 years. Less than a high school diploma was converted to 10 years of schooling.

Currently, Iowa teachers average 14.8 years of education, up eight-tenths from their average education level in 2000. Average median salary for teachers in 2005 was \$18,720, an increase of approximately 18% compared to the 2000 report. For assistant teachers, education levels have increased by nine-tenths of a year, while salary levels have increased from \$12,480 to \$14,976 (12%).

Table 7. 2000 and 2005 mean education and median annual salary levels for Iowa child care center staff

	2000		2005	
	Education Mean	Median salary	Education Mean	Median salary
Iowa teachers	14.0 yr	\$15,850/yr	14.8 yr	\$18,720/yr
Iowa assistant teachers	12.6 yr	\$12,480/yr	13.5 yr	\$14,976/yr

⁸ SD = standard deviation

Benefits. Questions about health insurance and dental insurance for teachers and assistant teachers were listed in the 2005 questionnaire with six ways to describe the center's coverage for full-time teachers and assistant teachers:

- Available, but no employer contribution
- Partially paid for employee only (no dependent coverage)
- Partially paid for employee & dependents
- Fully paid for employee only (no dependent coverage)
- Full paid for employee, partially paid for dependents
- Fully paid for employee & dependents

Table 8. Incentives available to full-time employees in Iowa child care centers (2005)

	% of centers where available
Recruitment incentives	
Written job description (n=245)	92
Unpaid maternity leave (n=232)	69
Reduced child care fees for parent employees (n=249)	57
Written contract (n=232)	56
Retirement or pension plan (n=235)	38
Health insurance ⁹ (n=255)	33
Paid, job-protected maternity leave (n=225)	31
Dental insurance ¹⁰ (n=255)	17
Professional development incentives	
Reimbursement for conference fees (n=283)	82
Paid release time for on-site, in-service training (n=240)	58
College tuition reimbursement (n=270)	15
Retention incentives	
Annual evaluation (n=246)	82
Formal grievance procedures (n=245)	80
Written salary schedule (n=226)	61
Yearly cost of living salary increase(n=232)	49
Periodic merit salary increase (n=229)	45
Compensation (time off) for overtime (n=231)	36

Respondents were asked to place an 'X' in the cell that best described the center's coverage for each employee type. We derived the percent of centers providing partially or fully paid insurance based on the number who had indicated that they employed teachers (see footnote

⁹ Percent partially or fully paid for teachers. Assistant teacher health insurance percent is 19% (n=236); dental insurance percent is 9% (n=236).

for assistant teacher health and dental benefit information). One out of every three Iowa child care centers makes health insurance available to full-time teachers with premiums either partially or fully paid by the center (33%), while dental insurance (with partially or fully paid premium) is available in 17% of centers. Other recruitment benefits shown in Table 8 (previous page) more likely to be available included reduced child care fees (57%), written contracts (56%), and written job descriptions (92%). Paid, job-protected maternity leave and a retirement program were available in less than 40% of responding centers.¹⁰ Because of differences in the manner in which questions about employee benefits were structured between the 2000 and 2005 survey, we are unable to compare 2000 benefits data with 2005 results.

Rural-urban differences. We examined differences between non-publicly funded centers located in rural and urban locations. For these comparisons, we used Metropolitan Statistical Area (U.S. Census, 2003b) as the rural/urban designator, since these ratings were recently updated in 2003. Center location for nearly two thirds of the responding directors was in a rural county (61%).

Net income for responding centers ranged from a loss of \$50,185 to a gain of \$230,000, with a mean net income of +\$4,600 (SD = 40,307). Although the mean for urban directors was a net loss (M = \$ - 6,091, SD = 61,579) and for rural directors a slight profit (M = +\$1,671, SD = 32,674), these means were not statistically, significantly different. We created a dichotomous variable to indicate whether the center was 1) breaking even/operating at a loss, or 2) operating at a profit. More than half (55%) of responding centers made no profit or operated at a loss in their previous fiscal year. However, no statistically significant rural/urban difference was found for this profit/loss variable.

The average number of children in care per center was 78 (SD = 56, Range = 12 to 272). Average profit per child was a loss of \$-3.17 per child (SD = 305; Range = - 514 to +786). Approximately 14% of centers indicated that their program was accredited. None of these measures differed based on rural/urban status.

The only significant differences we found based on rural/urban status were for highest annual teacher salary and turnover rates for both teachers and assistant teachers. The highest annual teacher salary in urban centers was significantly higher (M = \$20,955, SD = 6,412) than in rural centers (M = \$18,039, SD=7,508) ($t(158) = 2.616, p = .01$). Teacher turnover was significantly higher in urban centers (29.1%, SD=.507) than in rural (M = 7.3%, .192) ($t(130.301) = 3.776, p = .000$). Similarly, assistant teacher turnover in urban centers (M=61.5%, SD=1.15) was significantly higher than for rural centers (M = 22.6%, SD = .462) ($t(91.973) = 2.46, p = .016$).

¹⁰ For benefits other than health and dental insurance listed in Table X, a separate question in the 2005 survey asked whether the incentives were available to all full-time employees, some full-time employees, or was not available. Percentages for centers offering each of these incentives was calculated by adding the number of centers where the incentive was available to some or all and dividing by the number of respondents to the question.

Current center staff

We surveyed staff currently working in child care centers with paper and pencil questionnaires during September and October, 2005. Readers interested in more information regarding response rate and methodology are referred to Appendix E of this report.

Table 9. Wages reported by current center staff (N = 120)

	Mean	SD	Percentiles				
			20 th	40 th	60 th	80 th	100 th
Teacher (n = 60)	\$14,739	\$5,187	\$11,286	\$14,181	\$15,590	\$18,827	\$32,000
Assistant Teacher (n = 34)	\$11,476	\$4,666	\$7,787	\$10,469	\$12,732	\$15,600	\$22,422

Wages and benefits. Table 9 shows the annual wages reported by current center staff. Due to data limitations (see p. 11), these results may not be representative of the experience of all center staff currently working in the state. Hourly wages for head teachers in this current staff database were slightly higher ($M = \$8.19$, $SD = 1.87$) than for assistant teachers ($M = \$7.51$, $SD = 1.68$). Years of formal education were modestly correlated with both annual wages ($r = .25$, $p = .06$) and hourly wages ($r = .30$, $p = .04$) for teachers, but not for assistant teachers.

Compared to the random survey conducted with center directors, the questionnaire used for current center staff used an expanded list of potential incentives. On average, center staff had 8.34 of the 26 benefits listed in this questionnaire available to them ($SD = 38$). Not surprisingly, staff with higher wages also had more benefits available to them ($r = .41$, $p < .001$); however, years of education were not correlated with number of benefits. Table 10 (following page) indicates the availability and use of a variety of benefits. The most common benefits available to this set of respondents were paid vacation, personal leave, and reduced or free child care. More than half of the respondents also indicated that paid sick days, training & tuition, professional development materials, and maintaining low adult to child ratios were all available. Fewer than half of the respondents indicated that they were paid while in training, and fewer than 40% indicated that retirement benefits were available or that an annual cost of living increase was available. Fewer than 20% of respondents reported that a formal mentoring/support program, recognition awards, or periodic merit increases were available.

When benefits were available, the majority of respondents used them. Only reduced/free child care, health insurance benefits, dental insurance, and paid parental leave were, if available, used by fewer than half of the respondents.

Table 10. Availability and use of benefits reported by current center staff

	N	Available?	N	Use?
Recruitment incentives				
Paid vacation days	126	69%	70	86%
Reduced or free child care	124	62%	67	37%
Paid sick days	126	59%	59	85%
Health insurance benefits	127	50%	52	42%
Retirement benefits	125	36%	33	79%
Dental insurance	126	29%	30	43%
Short-term or long-term disability	119	22%	18	56%
Hiring bonuses	125	2%	2	50%
Professional development incentives				
Training & tuition	123	57%	54	91%
Professional development materials	124	56%	51	98%
Paid while in training	126	48%	47	96%
Networking opportunities with peers & others in field	123	33%	33	94%
Formal mentoring and support	123	19%	18	94%
Scholarships for credit-based courses	122	9%	8	50%
Forgivable loans	123	1%	1	100%
Retention incentives				
Personal leave	124	65%	64	84%
Maintaining low adult to child ratios	120	51%	38	95%
Maintaining low class size	118	43%	32	94%
Annual cost of living increase	121	38%	34	100%
Wage supplements	120	37%	32	88%
Flexible, discretionary paid time off	122	32%	29	90%
Recognition awards	126	17%	19	84%
Periodic merit increases	122	15%	14	100%
Year-end bonus	122	12%	7	100%
Paid parental leave	119	12%	11	45%
Other benefits	20	0%	0	0%

Table 11 refers to the reasons that center child care practitioners work in the field. Respondents rated each reason using a 1 to 5 scale, where 1 corresponded to “Definitely NOT why I work in this field” to 5 for “Definitely why I work in this field”.

Table 11. Current center staff's motivation to work in early care and education¹¹

Working in this field...	Mean	SD	N
Is a personal calling	3.75	1.22	125
Is my career or profession	3.68	1.31	124
is stepping stone to related career/profession.	2.64	1.48	122
is a job with a paycheck	2.43	1.31	123
Is work to do while own children are young	1.87	1.37	122

The most frequent motivator for these center practitioners is that the field is a personal calling or their career/profession. A total of 85 respondents (68%) agreed that they worked in child care because it is a personal calling.

The majority of “other” reasons also related to child care as a personal calling, as shown by the comments below:

Make a difference in children's lives.

Knowing that I am helping a child with something they will encounter in the future gives me great joy.

“Work to do while own children are young” was the least common reason for working in child care among these current center workers. This finding contrasts with reasons indicated by former family child care practitioners.

Reasons for leaving last employer. Only 47 of the 129 current center staff identified which benefits would have kept them with their previous employer. Staff used a rating system where “1” indicated that the benefit was unlikely, “2” indicated that the benefit wouldn't have made any difference, and “3” made it likely that they would have remained with their previous employer.

As seen in Table 12 (following page), benefits with average ratings above 2 were rated as likely to increase retention. These benefits included health insurance, retirement benefits, paid vacation days, paid sick days, personal leave, disability, year-end bonus, periodic merit increases, scholarships, and maintaining low adult to child ratios.

Plans to remain in child care. Current center staff who plan to remain for more years in child care are those with more benefits available to them ($r = .27$, $p = .02$) and those who see child care as a career ($r = .35$, $p < .001$). Those who see child care as a career are more likely earning a higher annual salary ($r = .23$, $p = .01$) and have more benefits available to them.

¹¹ Scale of 1 to 5 used for this question 1 = Definitely NOT why I work in this field; 5=Definitely why I work in this field

Table 12. Incentives that would have kept current center staff with previous employer¹²

Would have remained at last employer for...	M	SD	N
health insurance benefits	2.24	.64	46
dental insurance benefits	2.23	.63	47
retirement benefits	2.17	.64	47
paid vacation days	2.17	.67	47
paid sick days	2.15	.66	47
personal leave	2.13	.65	47
short-term, long-term disability	2.06	.60	47
year-end bonus	2.06	.73	47
paid while in training	2.06	.70	47
periodic merit increases	2.04	.72	47
scholarships for credit-based courses	2.02	.68	47
maintaining low adult to child ratios	2.02	.64	47
flexible, discretionary paid time off	2.00	.66	47
paid parental leave	2.00	.63	47
forgivable loans	2.00	.66	47
hiring bonuses	2.00	.66	47
supplies or equipment for program	2.00	.59	47
wage supplements, based on training/experience	1.98	.71	47
professional development materials	1.98	.64	47
annual cost of living increase	1.98	.71	46
recognition awards	1.96	.66	47
training & tuition	1.96	.66	47
maintaining low room size	1.96	.62	47
formal mentoring and support	1.96	.62	47
networking opportunities with peers & others in field	1.94	.64	47
reduced or free child care	1.87	.61	47

The majority of these teachers and assistant teachers in center care see child care as a career, profession, and/or calling. For example, respondents wrote:

I love my job. I have small children myself, and their smiles keep my day going.

I can't imagine not working with children—there is absolutely no other job I can think of that would give me the satisfaction (& frustration) I get each day at work.

Very few see child care as work to do while children are young, as a stepping stone to a career, or as a paycheck. Nevertheless, many mentioned the need for better pay and benefits. Sample comments include:

¹² (rating scale was 1=benefit unlikely to have made a difference whether remained at previous employer; 2=would not have made a difference; 3=likely respondent would have remained)

If my income was our household's sole income it would be impossible for me to remain in this field.

The pay is very poor. This job is a very stressful and busy job for the very low pay you get.

A few described the job as work to do until they could stay at home with their own children. Typical comments include

I plan to be a stay-at-home mom as soon as my husband completes college.

I am thinking about having a kid and want to stay home.

A morale scale was created by averaging the responses to the Gallup Q12, a set of questions about supervision, mission, collegial relationships, and adequate supplies. Fewer than 11% of responding teachers or assistant teachers disagreed with the positive morale statements. However, low morale was related to interest in doing other work. Sample comments include:

I would do other work because I'm really frustrated with my boss...

More pay, better supervisors

When asked why they left their former positions, some described life changes such as divorce or moves. Several, however, identified pay, hours, and benefits. Sample comments include:

No benefits; like I'm getting now

No benefits—could not make a living/support myself.

In order to compare rural and urban practitioners, we used Metropolitan Statistical Areas to compare demographic characteristics, reasons for entering the field of early care and education, reasons for leaving the field, and reaction to retention incentives. We found no statistically significant differences on most characteristics, incentives, or benefits between current center teaching staff (teachers and assistant teachers) in rural and urban areas. There were no statistically significant differences in educational level, income, morale, reasons for working in child care, or incentives that would have kept these practitioners in a previous child care center. However, rural center practitioners were statistically significantly less likely to report having health insurance benefits available through their employer than were urban center practitioners (χ^2 (N = 100) = 6.63, $p = .01$). Only 36% (n = 20) of rural practitioners reported having access to health insurance, in contrast to 62% (n = 28) of urban practitioners. Rural center teaching staff were also significantly less likely to report that they had access to professional development materials than were urban teaching staff (χ^2 (N = 100) = 6.18, $p = .01$). Less than half (42%, n = 22) of rural teaching staff reported that they had access to professional development materials, while 67% (n = 30) of urban teaching staff reported such access.

Best practice center directors

Telephone interviews were conducted with 19 directors in child care centers. These directors were purposively selected as those demonstrating best practices in quality and ability to recruit, develop, and retain practitioners in the ECE field. Demographic information on these directors and the centers they represent is located in Appendix D. Directors in the majority of these programs indicated that they receive Head Start or Shared Visions funding and have had little or no turnover problems in their centers. The few who did report losing employees indicated the employees had left for family reasons (spouse accepted a position in another city or stayed home with new baby) or for personal reasons, such as attending post-secondary education or moving on after post-secondary education was completed.

When asked why employees typically left their previous employer (to come to the interviewed director's center), directors cited reasons such as stressful work environment (poor people skills in the former director, higher adult to child ratios), to obtain increases in salary or insurance benefits, or to work under a schedule that better met personal or family needs.

Directors interviewed over the telephone felt that the most effective incentives they can provide to recruit new employees are higher salaries and hiring bonuses.

You advertise and it takes a good week or two to get an applicant. Takes another week to do the hiring ...I think the biggest thing is the money.

Other recruitment incentives included health and dental benefits and paid sick leave. Similarly, retaining employees would be easier if they had the ability to offer lower adult to child ratios, cost of living increases, health and dental benefits, and paid sick leave. Often employees think they can do without these incentives when they take a position and then change their minds, or their family situation changes and they must leave solely to obtain better benefits.

Directors whose resources were limited talked about how they used small gifts, verbal encouragement, and recognition in order to motivate employees to stay. Most of these best practice directors indicated that they pay employees while they are in training, including training fees and travel expenses.

My teachers don't pay for anything, because that's not something that I feel is their responsibility.

Other professional development incentives frequently included career advancement plans and wage increments for completion of education and training.

Directors also spoke often of the need for government support for professional development incentives, such as higher reimbursement rates in centers where staff had higher training and education levels. The importance of public recognition for the profession also figured in comments about how to retain employees.

...really do need to be acknowledged and supported by the government. If the government is helping to back that, then it's saying that (early care and education) truly is a valuable profession.

Promote respect for the profession.

Former Child Care Center Staff

Telephone interviews were conducted with 11 individuals who had left work as a teacher or assistant teacher in a child care center in the previous 12 months. This was a convenience sample, selected as part of a snowball process. These 11 former center staff indicated they had left for a variety of reasons, which closely matched the best practice directors' general perceptions of why staff leave. Staying in the former employment situation would have been more likely if the pay and benefits had been better. Some genuinely valued and wanted to work in early care and education but were not able to continue because of low salary and benefit issues.

I love kids and they are my life. This is something I wish I could do my whole life. This is just something you can't make a living...especially with gas prices. If I could afford to do so, then I would. It is hard to leave because I watch the kids grow up and they are like my own.

This is all I have known my whole life and I love kids, but it is hard to pay my bills on minimum wage.

I would have used the insurance available, but I was only part-time so I was not eligible.

Others left for a better work environment or because early care and education did not suit their own temperament

I was ready to leave...and early childhood just wasn't my first choice.

The center...the management was very unsupportive and...pretty much threw me out there on my own. The only time anyone from the office would come out is to yell at you.

In addition, good teachers were often lost because the cost of care for the professional's own children took as much as half of their take-home pay.

Professional development incentives need to be geared not only to those who require more education, but also to those who have achieved graduate education and want to continue to work in the field.

Most of those (incentives) related to those who had children and I did not have children. Tuition and scholarships were not pertinent to someone who already had their Masters.

One theme with two variations noted in these interview transcripts was the lack of public recognition for the early care and education profession. One variant of this theme was a view that the profession is a noble one, while others had accepted the idea that the early care and education profession is not a highly respected profession.

The pay [as a college student advisor] is better, benefits, and respect [for] the employment. [My position] seems to be looked upon more highly than ... child care.

I worked in a high school daycare and it was unbelievable how the parents treated you.

Family Child Care Practitioners

Information regarding family child care is provided from a randomly sampled survey of family child care practitioners conducted in 2002 and telephone interviews with 6 best practice family practitioners conducted in Fall 2005. In addition, we also analyzed results of a mail survey of 67 respondents who had operated their own in-home family child care business, but were no longer in business at the time they completed the questionnaire.

Current family child care practitioners

Wages and benefits. Average education level reported by randomly sampled, family child care practitioners in 2002 was 12.9 years. A high school diploma or GED is the highest level of education attained by 38%. Nearly 60% reported they had taken some college credits. Of those with college credits, 31% majored in child development or elementary education. An additional 37% reported taking courses in child development or early childhood education and 7% had completed the Child Development Associate (CDA) Credential.

Wage reports from family child care practitioners in 2002 indicated a median annual salary of \$14,709. From this amount, these business owners paid an average of \$9,450 in expenses necessary to carry on their business. Thus, take home pay for the average family child care professional was approximately \$5,259 per year – or roughly \$2.02 per hour. The majority of funding for family child care businesses comes from parent fees. In addition, 38% reported they receive some subsidies from the government, 22% reported working a second job to make ends meet, and 84% said another adult in the household contributes to their family income. Nearly two thirds of these practitioners reported they use a contract for all children in their care (63%).

For half of family practitioners, health insurance coverage was provided through the spouse or partner's employer. Another fourth of these practitioners had their own personal policy, for which they paid the full cost. An additional 17% had insurance through a government provider such as Medicaid. Nearly one fourth reported they had dental insurance (24%).

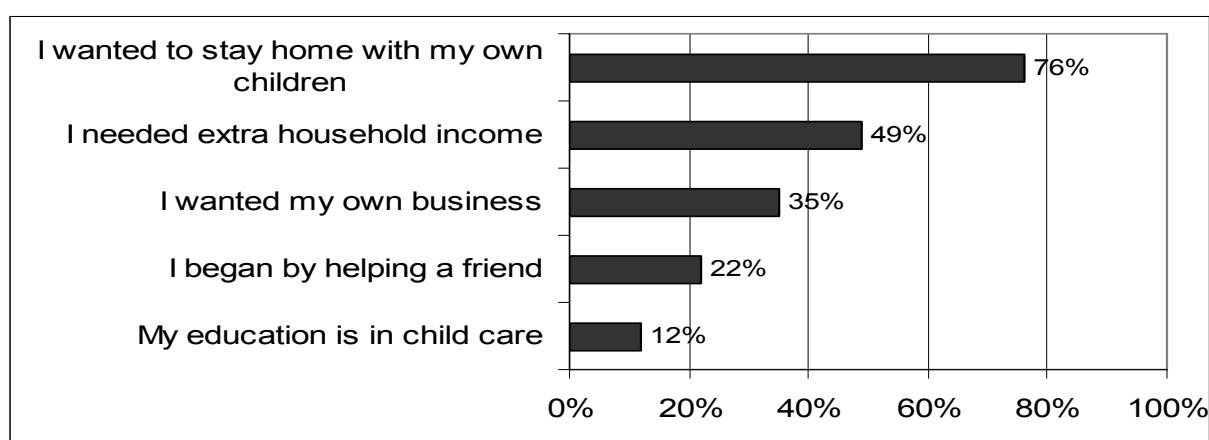
In family child care professional households with dependent children, 9% said that their children had no health insurance. When asked whether they had insurance coverage that met the needs of all household members, 46% said no. In this group, 76% said they lacked dental insurance and 53% said their co-pay was too high or they did not have prescription drug coverage.

More than half of these family child care practitioners reported they had contributed to Social Security (56%) in the 12 months prior to completing the questionnaire, while 63% indicated they had contributed to a retirement plan in the previous 12 months. A large majority of these practitioners closed for holidays, vacation days, sick days, and trainings (83%). However, only 28% reported they receive pay from parents for these days.

More than half of family child care practitioners indicated the greatest barrier to professional development was the lack of substitutes (57%) to care for children while the practitioner is in training. Nearly half said training sessions were at inconvenient times (46%).

Motivation for providing family child care. The 2002 survey asked respondents why they had originally started providing care for children in their home. Respondents were asked to circle all responses that applied to them. Figure 1 suggests that a large majority started because they wanted to stay home with their own children (76%). Half needed a way to bring in additional money for the household (49%). Roughly one in every ten respondents said they had training in early care and education.

Figure 1. Motivation to begin providing family child care (n=724)

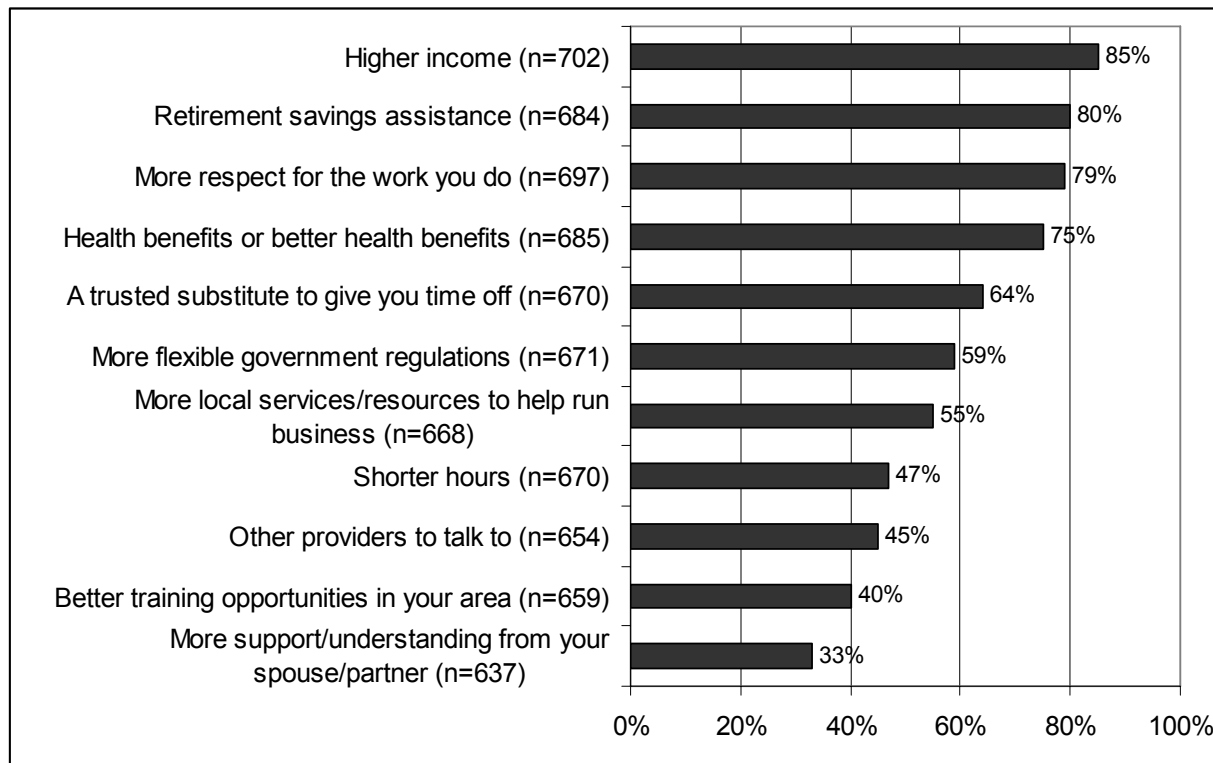


One in every three respondents saw the profession of family child care as a temporary job (*non-career*) (31%), while 69% said this work was their *career*. A scale was used to measure the level of respondent burnout in their chosen profession. *Career* respondents expressed a significantly lower level of burnout ($M = 1.98$, $SD = .38$) than did *non-career* respondents ($M = 2.18$, $SD = .40$).

Incentives to encourage family practitioner businesses. Tracking turnover in the family child care professional workforce is not possible in Iowa. Since Iowa does not require individuals who are providing care for fewer than 6 children to be registered, licensed or otherwise identified, these practitioners may choose to register or volunteer information through the state's Child Care Resource & Referral system.

Survey results indicate that nearly half of all family practitioners do not know how long they will remain in business (41%). One fourth reveals a desire to continue until they retire, while 12% plan to leave the workforce when their youngest child enters kindergarten. The 2002 questionnaire asked respondents whether each item in a list of incentives would make them more likely to stay in the ECE field, if the incentive were available. Figure 2 shows “yes” responses for the incentives listed in the questionnaire (possible responses included yes, no, and don’t know.)

Figure 2. Incentives that encourage retention in family child care practitioners



A large majority of respondents said four incentives – higher salaries, retirement savings assistance, more respect for the work you do, and health benefits- would make them more likely to stay in the field. Analysis of responses to this incentive list between career and temporary practitioners indicated that career practitioners were more likely than non-career practitioners to say that they would be encouraged to stay if the following were available:

- the support of other practitioners to talk to (61% vs. 43%; X^2 (N = 530, df = 1) = 14.34, $p < .001$),
- health benefits (82% vs. 74%; X^2 (N = 634, df = 1) = 5.29, $p = .02$),
- retirement savings assistance (89% vs. 74%; X^2 (N = 637, df = 1) = 20.83, $p < .001$),
- more local services/resources to help run their programs (66% vs. 52%; X^2 (N = 674, df = 1) = 10.01, $p = .002$),
- better training opportunities (49% vs. 39%; X^2 (N = 561, df = 1) = 4.74, $p = .03$),
- more flexible government regulations (71% vs. 58%; X^2 (N = 578, df = 1) = 9.76, $p = .002$).

There were no differences between the percentages of career and non-career practitioners who reported that higher income (90%), a trained substitute to give time off (70%), more support/understanding from your spouse/partner (36%), shorter hours (52%), or more respect for the work they do (82%) would encourage them to remain in early care and education.

Rural-urban differences. Data for this survey was collected during 2001 and reported in 2002. In order to study rural-urban differences, we chose to use Beale Codes, developed by the Economic Research Service (1993) since these codes appeared to more adequately rate counties where significant population changes had not been reflected in updates to Metropolitan Statistical Areas, the usual choice for rural-urban contrasts. Previous analyses indicated that the following rural-urban differences existed at the time of data collection:

- Mean household income for urban practitioners (M = 39,350, SD = 19,411) was significantly higher than for rural practitioners (M = 36,071, SD = 15,918) ($t(667.75) = 2.41, p = .016$)
- Mean total income from child care activities for urban practitioners (M = 16,553, SD = 12,258) was significantly higher than for rural practitioners (M = 12,412, SD = 8,769) ($t(546.05) = 4.68, p = .000$).
- Mean total expenses for child care activities for urban practitioners (M = 10,537, SD = 9,691) were not significantly from rural practitioners (M = 8,903, SD = 6,846) ($t(235) = 1.47, p = .143$).

Additional analyses conducted as part of this retention and recruitment study suggest the following additional differences.

- Rural practitioners cared for significantly more children (M = 7.23, SD = 4.81) than urban (M = 6.46, SD = 3.69) ($t(605.69) = -2.84, p = .005$).
- Urban practitioners were more likely to use a contract with all families (70.7%) than rural practitioners (53.8%) ($\chi^2(1, N=706) = 20.93, p = .000$).
- Practitioners who used a contract for all families were more likely to be paid for days off (38.7%) than those who did not use a contract for all families (9.2%) ($\chi^2(2, N=548) = 69.46, p = .000$).
- Urban practitioners (42.8%) were more likely to be paid for days off such as vacation, sick days, and holidays than rural practitioners (12.3%). ($\chi^2(2, N=555) = 79.72, p = .000$).
- Net income (total income from child care activities less expenses) was significantly higher for urban practitioners (M=10,414, SD=9,155) than for rural practitioners (M = 5,780, SD = 5,659) ($t(214.391) = 4.63, p = .000$).
- Net income per child in care was higher for urban practitioners (M = 1,567 per child, SD = 1,493) than for rural practitioners (M = 922 per child, SD = 1,122.) ($t(227.415) = 3.75, p = .000$).

These differences suggest that rural practitioners tend to make lower profits on their child care businesses, in spite of the fact that they care for more children in an attempt to make up for the

loss of profit. In addition, the lack of routine use of a contract for all families is also likely to be impacting the ability of rural practitioners to generate a profit and remain in business.

Best practice family child care practitioners

Information on demographics and methodology for these respondents can be found in Appendix G. Interviews with 6 family child care practitioners, chosen as best practice practitioners because of their accreditation status with the National Association of Family Child Care (NAFCC), showed this group to be a highly dedicated group focused on providing high quality care.

I'm going to do this no matter what, but I would accept incentives.

The greatest incentive for some would be public recognition of the profession as an important and challenging profession.

I'd like to be able to get the word out to the public, parents, community-wide that we are not babysitters, we are professionals.

Public recognition. It's probably a harder job than anybody thinks. And parents need to realize that, too. ... You (don't) get any money out of it, but it just helps to know that somebody recognizes that what you're doing is important.

Others in this small group suggested support for their business was what was needed the most. For example, grants to maintain the home business, group liability insurance, training support (paid fees, travel cost reimbursement, and paid substitutes) and paid time off for vacations and holidays.

Former family child care practitioners

These analyses are based on the responses of 67 respondents who had operated their own in-home family child care businesses, but were no longer in business at the time of the survey.

Table 13. Wages from in-home child care reported by former family child care practitioners (n = 37)

				Quintiles				
	N	M	SD	20th	40 th	60th	80th	100th
Gross income	37	\$11,429	\$7,560	\$3,000	\$8,320	\$13,000	\$18,400	\$29,000
Annual expenses	37	\$,5694	\$4,781	\$1,636	\$4,000	\$6,640	\$8,400	\$24,000
Net Income	35	\$6,026	\$7,108	\$340	\$3,560	\$8,000	\$12,800	\$21,000

Wages and benefits. Table 13 indicates the wages reported by the former family child care practitioners during the last year of their business; however, only 37 (55%) of the respondents chose to answer these questions. The average gross income, approximately \$11,000, is slightly less than reported in previous surveys and is considerably less than the poverty guidelines for a family of four (\$19,350), updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2)

(Federal Register). The 80th percentile is approximately \$18,000. Although it is possible that practitioners may not have answered this question accurately, the low wages are consistent with findings of other surveys, and consistent with the reasons given by nearly half of the practitioners for leaving the field. As one practitioner wrote:

Was not showing profits and tax consultant recommended [leaving family child care].

It is important to note the differences between gross and net income. For example, at the 80th percentile, practitioners reported a net income of \$12,800 after deducting for food and materials. These expenses are real, as pointed out by one respondent,

...I worked VERY long hours for very little pay. The pay was reduced further by the money I spent to make sure I had quality materials and offered high quality experiences.

Table 14. Motivation by former family child care practitioners to provide in-home child care¹³

Working in the field of family child care is/was...	M	SD	N
work to do while children are/were young	3.88	1.46	63
a personal calling	3.54	1.22	62
for other reason	3.21	1.96	63
way of helping family member, neighbor, etc	3.11	1.67	66
job with a paycheck	2.79	1.35	66
my career or profession	2.76	1.59	66
stepping stone to related career/profession	2.26	1.35	19

Table 14 describes the responses of former family child care practitioners asked to rate each of several reasons to provide in-home child care. Using a 5-point scale where 1 represents “Definitely NOT why I worked in the field” and 5 represents “Definitely why I work in the field”, most practitioners saw family child care as work to do while children are/were young.

Unlike current center practitioners, these former family child care practitioners, were most likely to see family child care as work to do when their children are/were young, and least likely to see family child care as their career or profession. Like the center practitioners, the majority agreed that child care is a personal calling.

Reasons for leaving family child care. Table 15 (next page) shows reasons why family practitioners close their businesses. In addition to checking one or more of the asterisked reasons, 60% of the respondents wrote a comment under “other” that either expanded on their response to one of the alternatives or added an additional explanation. These responses were coded; however, if the response merely expanded an earlier response by the same respondent, it was only counted once.

¹³ 1 to 5 scale used. 1=“Definitely NOT why I work in this field” to 5 “Definitely why I work in this field”

The most common reason for leaving family child care was in order to make more money, which was indicated by nearly half of the respondents. For example, one practitioner succinctly responded: “More hours for less money”.

A total of 76% (n = 25) of family child care practitioners who quit because they couldn’t make enough money did not charge when children didn’t attend, in contrast to only 46% (n = 15) of practitioners who did not cite money as a reason for leaving the field (χ^2 (N = 67) = 6.34, p = .01). Furthermore, practitioners who quit for monetary reasons reported higher expenses (r = .38, p = .02) than other practitioners. Apparently, family child care practitioners who do not require parents to pay to hold a slot for a non-attending child have higher expenses relative to their income, and are more likely to leave the field for monetary reasons. On the other hand, earlier research (Larson et al., 2005) has shown that lower income parents are more likely to use multiple caregivers, and to take turns providing care directly. These strategies help reduce their child care costs, which can require twice as much of their income as higher income families. However, these strategies, which reduce child care costs for parents, increase the likelihood that their child care practitioner will decide to leave the field in order to earn a living wage.

Table 15. Reasons for closing family child care business (N=65)

	%	N
*I couldn’t make enough money to support my family.	49%	33
*Challenge of juggling home-run business & family’s needs	35%	23
Better job	30%	19
*I missed being around adults.	29%	19
Stress of family child care	24%	16
Personal family needs	19%	13
*Difficult relations with parents	16%	11
*I missed leaving the house to go to work.	14%	9
We moved to new community	13%	9
Life changes (e.g., divorce, empty nest, death of spouse)	13%	9
Lost clients (e.g., client children went to school)	12%	8
Personal health problems	12%	8
*I had problems paying health care expenses.	11%	7
*Caring for other people’s children wasn’t right for me.	8%	5
Benefits (e.g., insurance, paid training, vacation)	7%	5
Needed more flexible hours	6%	4
Personal reasons	1%	1

* Some respondents who checked these items also added “Other” comments

The second most common reason for leaving family child care was the challenge of juggling a home-run business and the practitioner's own family needs. This response was indicated by over 1/3 of the respondents. For example, one practitioner wrote:

As my oldest child started school and became involved in after school and evening activities it was hard to get him to his activities and maintain the hours of open business a daycare requires.

As in the above response, many practitioners described life changes in their families that led to the decision to provide family child care, and other changes that led to the decision to leave in-home family child care. For example, a practitioner wrote:

I became a stay at home mother after the birth of my child...I did not enjoy the long hours and lack of flexibility...I did not enjoy it in my home.

The third most common reason for leaving family child care was to obtain a better job, which was identified in comments written by 30% of respondents. These respondents identified a position that provided not only better pay, but, as expressed succinctly by one practitioner, "Paid insurance, better hours, paid holidays, more pay, sick leave, personal days, paid training." Another reported that

I needed some challenge so I got my Ins[urance] license (crop and PC) and find it very challenging.

The fourth most common response was "I missed being around adults", which was indicated by 29% of the respondents. Typical comments included:

I missed meeting people and conversing with them.

I did miss being around other adults.

The remaining reasons were identified by fewer than 25% of the respondents. For example, 13% of the respondents wrote that they were unable to locate new clients after they moved to a new community, particularly in a rural area. In addition, 12% of the respondents identified serious health problems (e.g., blindness, stroke, cancer) that forced them to leave family child care.

Although the majority of comments related to wage, benefit, and job flexibility issues, several of the comments suggested that recruitment/retention incentives for practitioners would be insufficient without professional development activities as well as assistance with client referral services. Some respondents indicated problems that indicated a lack of skill or knowledge in managing the child care business and collecting payments for services provided. For example, practitioners wrote,

...no notice when they pulled child out.

In day-care I could never budget.

My new situation is better because I know what exactly I am receiving for income. I don't need to worry if I am going to get paid for services.

It appeared that some of the problems identified by former practitioners could have been resolved if the practitioner had received training on how to clarify requirements with parents and collect payment before rather than after services are provided. Although 75% ($n = 64$) of the respondents indicated that they did use a contract with parents. Overall, this type of problem suggests a need for training/consultation services with practitioners that offers information on how to provide guidance for children, how to manage relationships with parents, best practices in business management. However, 33% ($n = 22$) of the respondents indicated that they had completed and achieved a certificate in Child Net, a training program for family child care practitioners that includes content related to parent relationships and business management practices. Sample comments included:

...parents abused my services.

[My new job is better than family child care because I] do not deal with parents' attitudes.

An additional challenge described by several practitioners was the difficulty of collecting for serving low income families. Some of these comments appeared to refer to challenges involved in collecting from parents receiving child care subsidies. For example, one practitioner wrote

A lot of parents had trouble paying. There was a lot of hoops for them to jump through. I usually cared for kids/infants single parent home/low income to help them.

Some comments also suggested an unrecognized need for training in child development and child guidance, as in the following statement:

Also you have many age groups and temperaments—many parents don't teach their children to share & care with and about others, making it hard on the other children and the caregiver.

Previous research has shown that the first criterion used by parents is the caregiver's knowledge of child development, as shown through the quality of their interactions with both the parent and the child. Comments such as the above suggest that some practitioners lost clients, or failed to recruit clients, because of the poor quality of care that they provided. Therefore, wage and benefits need to be linked to demonstrated levels of competence, with the availability of professional development training and consultation activities.

Incentives that would have kept former family practitioners in business. Table 16 lists the former family child care practitioners' ratings for each possible incentive on the likelihood that they would have remained in family child care had it been available. Respondents rated each potential incentive on a 3-point scale: unlikely (1), would have made NO difference (2), and likely (3). Higher means indicate a more preferred incentive.

Clearly the majority of respondents are seeking additional wages reflecting their increasing experience, and benefits. However, it is important to note that the average for no incentive fell in the "unlikely" range (below 2.0); this finding indicates that each of the wage, benefit, and recognition incentives could be expected to influence retention.

Table 16. Likelihood that former family practitioners would have remained in family child care for each incentive (n=57)¹⁴

Would have continued if...	M	SD	N
year-end bonus	2.66	.57	65
retirement benefits	2.66	.62	64
health insurance benefits	2.64	.60	64
dental insurance benefits	2.63	.60	64
supplies or equipment for program	2.63	.60	64
annual cost of living increase	2.58	.66	65
paid sick days	2.58	.63	65
paid vacation days	2.58	.64	64
wage supplements, based on training/experience available	2.57	.67	63
personal leave	2.54	.64	65
paid while in training	2.52	.69	65
flexible, discretionary paid time off	2.49	.66	65
forgivable loans	2.48	.66	65
short-term, long-term disability	2.46	.69	65
periodic merit increases	2.45	.66	64
professional development materials	2.41	.71	64
training & tuition	2.37	.67	65
scholarships for credit-based courses	2.37	.70	65
paid parental leave	2.33	.71	64
recognition awards	2.20	.67	65
networking opportunities with peers/others	2.17	.63	64
formal mentoring and support	2.08	.60	63
reduced or free child care	2.02	.64	62

It is important to also note that several respondents have left family child care but have remained in the field of early care and education by working in centers or preschools. For example, describing their new positions in early care and education centers, former family child care practitioners wrote that they:

[enjoy] Other opportunity to use my training and hopefully touch a wider audience of children and other teachers.

[enjoy] opportunity to mentor others and share what I've learned.

Took a job as a local director of a preschool. My job has great hours, decent pay, and I get to take my own kids to work with me for free!

¹⁴ 1=unlikely; 2=would have made no difference; 3=likely. Higher scores indicate a more preferred incentive.

Family practitioners who left earlier than planned. Former family practitioners were asked how many years they actually stayed in the field, and how many they had originally intended to stay. The average respondent planned to remain in family child care for 6.55 years ($SD = 5.65$) and actually stayed in the field an average of 6.83 years ($SD = 6.57$). The majority of practitioners (51%) left the field within 2 years of when they had planned to leave. Individuals who remained longer than they had planned were more likely to see child care as their profession or their calling.

Only 24% left family child care more than three years earlier than planned; only 17% remained in the field more than three years longer than planned. The difference between when the caregiver planned to leave and when she actually left family child care was unrelated to the practitioner's age, income, stress, parents, money, need for flexibility, recent moves, or hours worked each week. However, practitioners who left family child care earlier than planned were more likely to be those who had lost their clients and were unable to replace them [$t(40) = -2.12, p = .04$]. Practitioners who reported that they lost their clients and were unable to replace them left the field an average of 5.7 years earlier than planned; those who did not report that they had lost their clients only left an average of 1.6 years earlier than planned.

Among those practitioners with post-secondary degrees, practitioners who left earlier than planned were also more likely to have a recent college degree ($r = .66, p = .007$). Practitioners who left earlier also reported more health problems and/or reported that they left the field because they needed health care benefits.

Practitioners who reported that working in child care was their career or profession were more likely to remain longer in the field than planned ($M = 3.8$ years; $SD = 9.26$) while those who did not see child care as their field or profession were more likely to leave earlier than planned [$M = 2.58, SD = 2.57$]. ($t(10.94) = 2.07, p = .06$). Practitioners with more health problems ($M = 3.2; SD = .53$), and those who needed funds for health care benefits ($M = 4.75, SD = .5$) were more likely to leave the field earlier than they had planned.

Former family child care practitioners from rural and urban areas did not differ on most analyses. Both groups were similar in levels of education, age, experience, and income. However, former family child care practitioners in rural areas reported that their child care expenses were nearly double those reported by former family care practitioners in urban areas ($t(35) = -3.28, p = .002$). Although urban practitioner reported, on average, annual expenses of \$3344 ($SD = \2722), rural practitioners reported average annual expenses of \$7920 ($SD = \5287). Therefore, although there was no difference in annual gross income between rural and urban practitioners, the net income of rural practitioners, after subtracting expenses, was significantly lower than that of urban practitioners. Although no urban practitioner reported expenses above \$8000, six rural practitioners did so, ranging from \$9000 to \$24,000 in annual expenses related to their child care business. Furthermore, only one urban practitioner reported annual expenses over \$6000, but 55% of the rural practitioners reported annual expenses over \$6000. This finding is not readily explainable by comments made by rural practitioners, and

requires further study, especially since only 37 of the 67 former child care practitioners reported income or expense data.

Former family child care practitioners reported that they were less likely to be paid by parents when children were not in attendance (χ^2 (N = 67) = 5.00, p = .03). Although 56% (n = 15) of the urban former family child care practitioners reported being paid whether children were in attendance or not, only 28% (n = 11) of the rural practitioners did so. Finally, former family child care practitioners in rural areas were more likely to cite stress as a reason for leaving the field of family child care than were former practitioners in urban areas (χ^2 (N = 67) = 4.59, p = .03). Only 11% (n = 3) of urban practitioners reported leaving family child care due to the stress of the job, in contrast to 33% (n = 13) of rural practitioners. For example, rural practitioners who left family child care gave explanations such as the following:

Days too long (10-11 hours)

Less stress on family and home. I can put my children in activities and not have to worry about when someone should be here to pick up a child.

Less stress and less mess in my house and not tied down. I have more time flexibility working outside the house.

I was getting burned out from watching kids

I have more time to devote to my own family, I make about the same amount of money, my hours are more flexible.

DISCUSSION

After examining the responses of practitioners in both center and home settings, based on their motivation and qualifications, we identified four different types of practitioners. The four types include the Child Development Professional, the Nurturer, the Personal Family Needs Practitioner, and the Convenience Seeker. With the exception of the Convenience Seeker, each of these types can be found working in both center and family home facilities.

The types differ in their need for incentives related to motivation and skills. It is important to note that only Convenience Seekers state that they can earn more money with less effort in child care than in other work, a statement that may reflect their work skills and work ethic. The remaining three practitioner groups all identify the need for wage and benefit incentives in order to remain in the field. One Child Development Professional with a four-year-ECE degree and four years of experience who recently closed her in-home care business bitterly wrote:

Money...is the big issue. A "quality" caregiver...applies for a job at a new beautiful center. They want experience and prefer a degree. It sounds great—until they offer \$6.00 an hour. I believe that many are forced to turn down the job because they must survive themselves.

Child Development Professionals, as a group, have completed a post-secondary program in a profession related to child development, such as early care and education or elementary education. This practitioner type sees child care/early education as her career or profession and tends to stay in the field longer than she had initially planned. She may move from center care to family child care and back to center care; she also may move up into a supervisory capacity; but she intends to, and tends to, remain in the field of early care and education. Comments from Child Development Professionals include:

I now work in a preschool/daycare setting as an associate. I still get to plan activities and enjoy the children, but don't have to responsibilities [sic] of paperwork, recordkeeping, parent relations, etc. I can now ENJOY my day care experiences.

I had an opportunity to return to teaching preschool in a new low income/minority center & it sounded like a great opportunity.

The Child Development Professional may also be interested in moving up in the field, becoming involved in mentoring, supervising, or training other child care practitioners. However, inadequate wages and/or benefits will drive her out of early care and education, as the following comments illustrate:

I enjoyed being an in-home child care practitioner. I believe more people would stay in this field if they had benefits. I hope that this can happen soon.

I am still in the field (nanny) but I strongly feel that...the "quality" childcare practitioners have spent a lot of time and money to receive their education/degrees. They need a decent paying job to pay for their education...Money is not everything. I did not join this field for the money but we do need a substantial amount to support ourselves.

Day care practitioners do not have any guarantee of their income.... Nothing against farmers, but if they had bad crops, they receive thousands...When I did daycare, I put 50-70 hours in a week (the paperwork, etc.)

The second practitioner type, the Nurturer, enters the field because she loves to work with children. She sees child care as her calling, and intends to remain in the field. Only a catastrophe, such as her own health crisis or that of her spouse (e.g., cancer, multiple sclerosis, blindness, stroke), forces her to leave the field. For example, a 51-year-old family child care practitioner with 20 years of experience left eight years before she had planned to leave because "My husband's health insurance was outrageous and I needed to find a job that paid my or part of my insurance". However, this practitioner refused to answer whether her current situation was better or worse than her child care business because "I miss the kids, but having your insurance paid and paid vacation is nice." Another Nurturer wrote "My health problems were and are the only reasons I had to give up my beloved childcare." Another Nurturer who cited health problems wrote

In my situation none of these things played any type of factor. I did home care for the love of children. I was getting paid and doing what I loved, not too many people can honestly say that.

A 74-year-old practitioner with a high school education and 40 years in the field wrote

For the most part the children I cared for were like my own children. They were a challenge at times...We all loved the chance to help; in the raising of other people's children.

Another who moved from family child care to center care wrote that she planned to stay in the field for a "lifetime...didn't know how long I'd have children in my home, but knew I'd be working with children somewhere."

Some Nurturers lost their in-home child care businesses upon moving to a new community without a network of referrals. For example, before moving to a rural community, one 47-year-old practitioner who saw child care as her calling had worked six years longer than she had originally planned. She wrote:

I had run a very successful daycare in my home in Omaha...I got these children by word of mouth and never had to advertise...I was very happy & felt great about my chosen field...Was sad to give it up upon my move to [small town] Iowa...The town was too small & I had moved there not knowing people.

Parent surveys (e.g., Larson et al. 2005) have shown that, rather than seeking referrals from sources such as the Child Care Resource and Referral agencies, most parents find a family child care practitioner through referrals from friends and families. Successful Nurturers and other family child care practitioners who have built their client base through such informal sources may be surprised and challenged upon moving to a new community where they lack such an informal network.

The third practitioner type is the Personal Family Needs practitioner. The Personal Family Needs practitioner temporarily leaves another profession to work in early care and education for a limited period of time while her own children are young. She typically moves into early care and education with the birth of her first or second child, and moves out of the field when her youngest child enters school or begins after-school activities. She sees early care and education as work to do because it meets the needs of her own family. She is most likely to agree with the statement that working in this field was work to do while her own children were young. She may work in the center, particularly one with a child care benefit, but she is more often found in family child care.

The Personal Family Needs practitioner typically has some post-secondary training in a field unrelated to early care and education. After making the decision to leave her profession and open a family child care business in order to spend more time with her children, she often leaves because she finds that the demands of the family child care business leave her little time to spend with her own children. For example, a 31-year-old mother with two years experience in family child care writes

Doing daycare was a transition for me from working full time as a teacher to becoming a stay at home mom...The hours were too long and I felt I didn't have the time with my children that I wanted. It wasn't what I wanted for these short years with my children while they are little. I plan to re-enter the teaching field when they are school age...

The Personal Family Needs practitioner who has a more recent college degree is likely to leave early care and education earlier than she had planned. She is also more likely to leave earlier than planned if she loses clients because she moves to a new community, particularly a small town. She may also leave early because she misses working with other adults, or because she needs health insurance. Personal Family Needs practitioners also wrote that they left the field to get a better job or spend more time with their family, as the following comments indicate

I am able to be with my own child for quality time and only working 20 hours not 40+ hours a week

I am on a path to allow for financial advancement, more quality time with my family without other children around. No more running late parents taking advantage of my family's time.

Convenience Seekers, the fourth group of practitioners, are seeking the easiest, most lucrative way to earn a living. The Convenience Seeker is typically only found in family child care. However, she resents limits put on her income-earning potential by state regulations that require training or that limit the number of children in her care. She leaves the field when regulations restrict her income or force her out (e.g. because a household member has a criminal offense) or when her housing circumstances prevent her from providing care in her home. She takes a job outside of child care when her income drops because she loses her clients; however, she expresses the desire to return to child care, where she believes that she can earn more income more conveniently (to her) than she does outside of the field. She sees child care as a paycheck, and is not interested in any professional development or training program. Her comments indicate a lack of awareness that additional training in child development, guidance, parent relationships, and/or business practices could have helped her be more successful at recruiting and maintaining clients.

Typical comments from Convenience Seekers include:

It costs more for me to work outside the home.

The parents and I did not agree on certain things, a 4 year old with pacifier and diapers. No problems just lazy.

I had some parents that would argue that their child is better and so on... this lead to a big fight between parents...

The Convenience Seeker typically complains about regulation and training requirements, as well as about difficult parents. For example, she writes:

Couldn't make enough money with the child limitations and my old job as Para educator came open again and I went back to school.

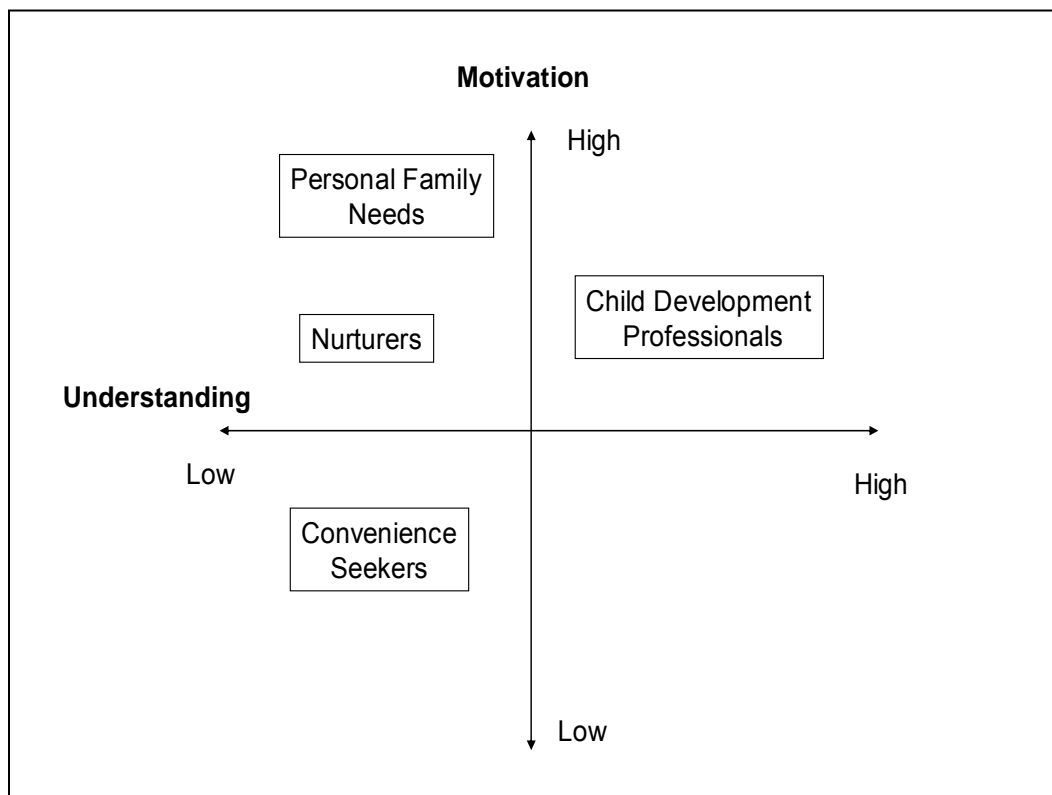
Not having to go to training courses to be certified since I know how to take care of my children.

Parents abused my services

I had problems with getting some parents to pay and others wanting to pay next to nothing but wanted me to take their kids everywhere.

Recruitment, retention, and professional development incentives are designed to increase the stability of high quality child care practitioners. Increasing the stability of high quality care requires efforts that impact both understanding (skills and knowledge) of what high quality care requires and the motivation to provide this level of care. A professional development system needs to increase the understanding (skills and knowledge) of high quality care while building the motivation, through financial, credential, and recognition incentives, to provide high quality care. Figure 3 illustrates the four groups created by these two dimensions. Both the Nurturer and the Personal Family Needs practitioner fall in the low understanding, high motivation quadrant as they begin child care. The Convenience Seeker falls in the low understanding, low motivation quadrant, while the Child Development Professional falls in the high understanding, high motivation quadrant.

Figure 3: A Model of Professional Development for Early Care and Education Practitioners



Policy Implications

Clearly, wage and benefit increases are needed to attract and maintain qualified educators to early care and education settings. Recent research (e.g., Herzenberg, Price, & Bradley, 2005) has shown an alarming decline in the percentage of baccalaureate level professionals in

child development and early childhood education in child care settings, both home-based and center-based, in the last 20 years. This decline parallels a significant increase in the number of practitioners employed in center-based and home-based early care and education settings. At the same time, wages and benefits paid to female college graduates in fields other than early childhood education have significantly increased. For example, Herzenberg et al. (2005) report that, although nationwide 67% of female college graduates have health insurance through their jobs, only 33% of U.S. center-based teachers and administrators have health care through their ECE position. Furthermore, the drop in qualified educators employed in early care and education settings comes at a time that numerous research studies have shown the importance of high quality early care and education for ensuring that young children develop the academic and social skills needed for success in school and in life (e.g., Gormley, Gayer, Phillips, & Dawson, 2005; Ramey, Campbell, Burchinal, Skinner, Gardner, & Ramey, 2000; Reynolds, Temple, Robertson, & Mann, 2001; Schweinhart, Barnes, Weikart, Barnett, & Epstein, 1993).

The findings for both wage levels and health insurance access from the current survey respondents are comparable to those cited by Herzenberg et al. (2005). Clearly, recruiting and maintaining a qualified work force in early care and education requires increases in both wages and benefits. At the same time, the different practitioner types in early care and education need different packages of recruitment and retention benefits, and a professional development system that responds to their different motivations and understandings.

The task for a recruitment, retention, and professional development incentive system is to increase the understanding of the Nurturer and the Personal Family Needs practitioner, while maintaining the motivation of the Nurturer, Personal Family Needs, and Child Development Professional. Affordable health insurance was mentioned by numerous practitioners as a key to stay in the field. Comparable wages are also critical; clearly no one can be motivated to pursue a two- or four-year degree in order to obtain an annual salary less than \$20,000. Current wages in early care and education are below wages for custodial workers and animal caregivers.

It is also clear from the responses to our surveys and interviews that although wage and benefit incentives are essential to increasing the retention of these practitioners, some professional development in the areas of business practices, including recruitment and marketing, negotiating and maintaining contracts with clients, and parent relationships are essential, at least for the Personal Family Needs and the Nurturer. Even the Child Development Professional may need professional development activities related to business management if she chooses to move into family child care or move up to supervisory/administrative tasks in the center. At the same time, the system needs to help the Convenience Seeker increase both her understanding and her motivation to provide high quality care, or to guide her out of early care and education to a job that she sees as more convenient. While our data does not allow us to estimate such an impact, we can only assume that the quality of care provided by individuals with such low levels of knowledge and motivation comes with a long term cost to families, communities, and the state since children receiving care in such environments are not

adequately prepared (emotionally, socially, or intellectually) to succeed. In addition, individuals with low motivation to keep children healthy and safe make consumer protection a difficult task under the state's current regulatory system.

Further, it is clear from the responses to these surveys that incentives need to serve practitioners moving through a professional development system built around a career lattice, where practitioners can increase their skills and knowledge to remain in the same position, directly providing care and education to young children, as well as move up to supervisory or training positions. At the same time, practitioners providing direct care to young children may move back and forth from center to family child care in order to meet the needs of their own family. Responses from many former family child care practitioners and some current center-based practitioners indicate that life course changes will eventually motivate some to move from center care into family child care and/or back again in spite of any recruitment/retention incentives. This finding has been reported by other researchers as well (e.g., Kershaw, Forer, & Goelman, 2005).

Although these vertical and lateral moves may appear to increase turnover, keeping these motivated and competent practitioners in the field if not in the same position should, ultimately, increase quality. The challenge is to provide incentives that will keep the Child Development Professionals in the field and to provide incentives that will motivate the Personal Family Needs and the Nurturer to improve their skills and knowledge as well as to keep them in the field. Finally, in order to increase quality, the Convenience Seeker needs incentives to increase both her motivation and her skills, or encouragement to leave the field for a different one that is more convenient for her than early care and education.

In addition to providing wage incentives and more benefits, the child care subsidy system may need to be revised in order to recruit family child care practitioners to take clients on subsidy. Restrictions in the current system are designed to ensure that parents receive subsidy only for the half-days or full-days that they are working or in-school. Therefore, payments occur after child care services have been provided and may be less than the actual amount of care that has been provided. Based upon responses of the family child care practitioners, too often the practitioner makes up the difference between the care that was provided and that which was paid through subsidy. At the same time, sound business management practices lead the practitioner to include a provision in parent contracts requiring parents to pay before care is provided, whether their child attends or not, in order to hold the slot. The discrepancy between sound business practices and subsidy policies leads many practitioners to refuse child care subsidy and may leave parents seeking care from an incompetent Convenience Seeker.

Consideration could also be given to business training and technical assistance for center administrators on how to structure, implement, and sustain staff benefits. For example, coaching could be provided on how to offer benefits in a more cost effective manner that is beneficial to both the staff and the center (e.g., Dependent Care Assistance Plans).

RECOMMENDATIONS

The early care and education workforce is an employment sector that has experienced significant change over the last two decades. As women have moved into the workforce, either out of financial need or due to the requirements of Welfare Reform, the demand for care and education for young children has experienced a dramatic upsurge. With this demand has come an increased need to increase the number of practitioners working in the field.

These results have demonstrated that ECE practitioners are motivated by different factors to enter and stay in the ECE field. Research points to the need for an educated workforce in order to provide high quality child outcomes – children ready for kindergarten, who are excited about learning. Motivation to enter and remain in the field is the result of an interplay of personal needs, meaning given to a person's work life, and events that require a change of course, especially when the employment situation does not support the life course change. Not all practitioners will respond to every incentive in the same way. The challenge is how to motivate high quality practitioners and convince those who do not provide high quality care that this is not the field for them.

In addition to consideration for the diversity in practitioner types, any incentive initiative must also be undertaken with consideration for the systemic nature of the workforce. Attention to any one part of the framework – recruitment, professional development, or retention – may have unintentional consequences in other parts of the framework. A balanced approach that provides positive effects in all three parts will lead to a workforce development system that is aligned for growth in numbers and in quality. Incentives therefore must be chosen for their potential effect in all parts of the framework (Table 17, page 44).

Recommendations to structure future incentive initiatives in Iowa begin on the following page. In closing, we would like to emphasize Recommendation 4 - Create public awareness that early care and education is a highly respected and important profession. As we finalized this report, we struggled to find an appropriate term for members of the early care and education workforce. It is commonly accepted in the field that the term *babysitter* is no longer adequate to describe the important role this workforce plays in supporting parents and businesses and providing fertile ground for the growth of Iowa's children. *Babysitter* is now most often used to describe the care provided by a teenager while parents are out of the home for an evening.

Provider is a term that we have frequently used in writing results of earlier research, including child care *provider*, center *provider*, and family care *provider*. However, this term fails to convey a clear picture of just what IS being provided by the early care and education workforce. *Caregiver* was given consideration, but this term fails to convey the importance of early education as is now commonly accepted in Iowa. The term *professional* was seriously

explored, but we felt this name should be reserved for those who best model professionalism in the field. Thus, we have reserved this term and expanded it to *Child Development Professional*, as part of our model that explains practitioner variations in motivation for quality and understanding in this field. In the end, we chose to use the term *practitioner*. A *practitioner* is someone who practices a particular profession.

Research by Thornburg (2004) and her Missouri colleagues suggests that Missouri citizens are more willing to pay higher rates for early care and education arrangements if the person providing their children's care is called a *teacher*, rather than a *caregiver*. We would have liked to use the word *teacher*; however, we were uncertain about the implications our use of *teacher* would have for the discussion currently going on in Iowa about early care and education.

Our naming dilemma is symptomatic of the failure of our state (and we include ourselves as part of this failure) to come to agreement on how we view the early care and education profession. As we move forward in developing the early care and education system in Iowa, the state needs to come to consensus on what we call these persons who care for and educate our young children, often spending more of their waking hours in a week with them than their own parents.

Recommendation 1: Increase the number and size of financial incentives for the ECE workforce.

A. Provide incremental hiring bonuses for center practitioners based on education level. For family practitioners, tie business start-up loans to demonstrated competency in operating a small business or completion of training for family child care business operators (recruitment effects).

B. Expand the number of practitioners who receive support from the Iowa T.E.A.C.H. program. Expand the T.E.A.C.H. program to include support for center and family practitioners seeking education beyond associate level (professional development effects).

C. Create a program of ECE practitioner wage supplements that are tied to demonstrated competency and experience in the ECE field (retention effects).

Recommendation 2: Make health insurance and retirement planning available to the ECE workforce.

A. Provide practitioners in Iowa's ECE system with health insurance and retirement benefits similar to that now provided for teachers in Iowa's public education system (recruitment and retention effects).

Recommendation 3: Expand the availability of business practices training and technical assistance for center program administrators and develop similar training and technical support for family child care practitioners.

A. The Iowa Child Care and Early Education network currently offers ECE administrator business training (National Administrator Credential). Expand this program to include more

center administrators and create a separate curriculum for Iowa's family practitioners (professional development and retention effects).

B. Reward administrators who have completed business training with financial bonuses or an incrementally paid subsidy system (professional development and retention effects).

C. Include information on how to develop and sustain cost-effective benefit packages for staff in business practice training for center program administrators (recruitment and retention effects).

Recommendation 4: Create public awareness that early care and education is a highly respected and important profession.

A. Iowa policymakers have, within their domain, the ability to create a change in public perception regarding the respect the citizens of Iowa hold for the profession of early care and education practitioner (recruitment and retention effects).

B. Provide a structure that recognizes education and quality efforts of child care center practitioners (recruitment, professional development, and retention effects).

This study provides strong evidence that building a quality early care and education workforce in Iowa will require additional incentives. However, researchers providing this report also wish to emphasize that it is important that Iowa's early childhood policymakers and leadership look for ways to "decouple" what parents can afford to pay and what the early care and education workforce needs in order to provide quality care (Russell, 2001). Data from the Iowa Family Survey, conducted in late 2004, indicate that Iowa parents not only struggle to find quality early care and education arrangements for their children, but they are also struggling to pay for the care they are able to find (Larson et al., 2005). This finding has been replicated in child care needs assessments in more than 30 Iowa counties, conducted by Iowa State University Extension. Most Iowa parents cannot afford to pay what good quality ECE experiences cost. Therefore, Iowa parents cannot be expected to absorb the costs inherent in improvements to how the state recruits, professionally develops, and retains a high quality early care and education workforce.

Table 17. Recommendations and expected effects

Recommendation	Would appeal to practitioner types	Expected effects (shaded)		
		Recruitment	Professional Development	Retention
Hiring bonuses based on education	Child Development Professional Some Personal Family Needs			
Tie business start-up loans to demonstrated competency or completion of training	Nurturer Personal Family Needs Child Development Professional			
Expand T.E.A.C.H. to include more slots. Expand support for education beyond associate level.	Nurturer Personal Family Needs			
Wage supplements tied to professional credentials, demonstrated competency, <u>and</u> experience.	Child Development Professional			
Provide health insurance and retirement planning benefits	All			
Expand N.A.C. training (business administrator for centers) and development business training for family practitioners	Child Development Professional			
Reward administrators (center and family) with bonuses or an incrementally paid subsidy system	Child Development Professional			
Include information on how to develop and sustain cost-effective benefit packages for staff in business practice training for center program administrators.	Personal Family Needs Child Development Professional			
Create public awareness that early care and education is a highly respected and important profession.	All			
Provide a structure that recognizes and rewards education and quality efforts of practitioners working in child care centers.	Personal Family Needs Child Development Professional			

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APPENDIX A. PROJECT METHODOLOGY

Data for this study was taken from the Iowa Family Child Care Providers' Survey (Larson, et al., 2002), the Iowa Child Care Directors' Survey (2005) (See Appendix B), and surveys conducted solely for this study including

- Telephone interviews with center practitioners who had left employment with a child care center in the last year (Appendix C).
- Telephone interviews with best practice child care center directors (Appendix D).
- A paper and pencil survey of current child care center staff, distributed through directors in the respective centers (Appendix E).
- A mail survey to former family child care practitioners who had closed their businesses in the last 12 months (Appendix F).
- Telephone interviews with best practice family child care practitioners (Appendix G).

APPENDIX B. 2005 IOWA CHILD CARE DIRECTORS' SURVEY

The 2005 Iowa Child Care Directors' database was provided by CD-DIAL, Department of Sociology, Iowa State University. Funding for this survey was provided by the Iowa Business Council and the Department of Sociology. The database is composed of 302 respondents who replied to a questionnaire distributed in January 2005. The sampling frame for the survey was a list of center child care directors compiled from the databases of Iowa Child Care Resource & Referral (CCR&R). Programs selected for the list were those that were known not to be funded by Head Start funds. However, some directors did report receipt of these funds and other state funds such as Shared Visions. Therefore, analyses conducted for the retention and recruitment calculations used only cases where the director indicated the program did not receive public funds (N=246).

The original intent of the survey was to provide an update to the Iowa Child Care Directors' Survey, conducted in 2000 by the Iowa Early Care and Education Professional Development project. In addition, financials were needed from directors in order to conduct the economic impact analyses contained in another study conducted by ISU Extension in 2005 - *Child Care, Parents, & Work: The Economic Role of Child Care in Iowa*.

Sampling for the survey was stratified by CCR&Rs regions. However, the number of directors in all but one region was less than 200. Consequently, all directors in these four regions were included in the distribution list and a sample of 200 providers in the southeast region was also included.

The distribution used a four-phase mailing process, with announcement letter going to each director, followed by a questionnaire, cover letter, and postage-paid envelope. Approximately one week after the questionnaire, a thank you/reminder postcard was mailed. Subsequently, a replacement questionnaire was mailed to those who had not responded. Responses were tracked using a number stamped on the front of the questionnaire.

Full results of this survey of child care directors are available. For more information contact Kathlene Larson, CD-DIAL Research Director, PH: (515) 294-3452 or email to katelar@iastate.edu.

APPENDIX C. TELEPHONE INTERVIEWS WITH FORMER CENTER STAFF

Methodology for selecting former center staff interview participants

This portion of the total sample was selected using a snowball sampling procedure. Center Directors, data managers from the five Child Care Resource & Referral agencies, and those who had been interviewed were asked to give a name of someone who no longer worked in the early childhood care and education field. These names were then used to obtain agreement from a total of eleven participants. An envelope was mailed to each person who had agreed to participate in the interview. The envelope contained a thank you for participating, the appropriate informed consent information and a copy of the questions that were used during the interview. Preliminary calls were conducted to set a date for a telephone interview and a \$25 gift card was offered as a token of appreciation when the interview was completed.

Former center staff participant demographics

The total sample of former center staff was made up of eleven people ranging in age from 23 to 46 years. All respondents were female and Caucasian. On average, respondents worked approximately 35 hours per week (range=18-50 hours). Eight of these respondents were paid by the hour when employed as a child care worker (range=\$5.75-\$22.00). Only two respondents were paid by salary. Two respondents indicated that their family relied on their income from child care as their only source of income when they were at their last position.

APPENDIX D. TELEPHONE INTERVIEWS WITH BEST PRACTICE PROGRAM DIRECTORS

Interviews were conducted with 19 directors of child care programs in Iowa. The 19 interviewees included 6 directors, who were nominated by Iowa Department of Human Services licensing consultants as the state's best examples of employee retention and recruitment. The additional 13 directors were randomly selected from lists of programs that received federal or state funds, or were supported by public schools. These programs were assumed to also exhibit best practices since their funding sources are more stable than programs operated solely on parent fees.

Selection of the Best Practice Directors

Twenty-four best practice directors were randomly selected from a list of directors who were nominated. Of those selected, half were considered to be in a Metropolitan Statistical Area (MSA) and half were not. The list of 24 selected directors was randomized and screening calls were done to ask if the director would be willing to participate in the survey. The 6 respondents who agreed to participate were then told they would receive a \$25 gift card for their participation. An envelope was mailed to each person who had agreed to participate in the interview. The envelope contained a thank you for participating, the appropriate informed consent and a copy of the questions that were used during the interview. The telephone interview was conducted with average interview time of approximately 30 minutes. After the interview was completed, the \$25 gift card was sent to the appropriate address. All interviews were transcribed and analyzed for recurrent themes.

There were 13 other participants included in the best practice sample. The sample was selected based on 4 different categories. Three of the respondents were selected as best practice directors receiving Shared Visions and Head Start funding. Four respondents were best practice directors receiving Head Start funding but not Shared Visions. Three respondents were those best practice directors located in a public school and only receiving funding from Shared Visions. The last group in this section included best practice directors in a child care setting who receive Shared Visions funding. Each of the respondents selected in 1 of the 4 categories were randomly selected from a list of 15 respondents meeting the group criteria. The directors were telephoned to obtain their agreement to participate. A mailing followed that included information on confidentiality and other Human Subjects protection and a list of questions. Interviews averaged approximately 30 minutes each. These respondents also received a \$25 gift card as a token of appreciation. Similar to the 6 interviews listed above, interviews were transcribed and analyzed for recurrent themes.

Best Practice Directors' Demographics

The total sample of best practice directors was made up of 19 respondents. Of the 19 respondents, two thirds received some kind of Shared Visions and/or Head Start funding. Over half (n=12) of all respondents considered their title to be director, 4 reported some other title, and 2 that replied their title was teacher-director. Range in years of tenure as a director of a childcare program was 1 to 37 years. Overall, the amount of time respondents reportedly spent at work per week ranged from 30 to 65 hours. The age of respondents ranged from 30 to 67 years. Almost all respondents were female (n=18) and the majority was Caucasian (n=15). Two respondents were Hispanic/Mexican/Spanish and one respondent was African American.

APPENDIX E. SURVEY OF CURRENT CHILD CARE CENTER STAFF

Selection of current child care center staff

Staff working in child care centers were selected through a process that involved obtaining permission from randomly selected directors, whose names were obtained in a list of all licensed centers from the Iowa Department of Human Services. Once the director agreed to allow staff to participate, the director was mailed a packet containing up to five individual staff packets (each containing a cover letter, questionnaire with \$1 incentive attached, and a postage-paid return envelope addressed to CD-DIAL). Directors also received instructions on how to randomly select the staff who would participate and a copy of the questionnaire. Approximately two weeks after the packets were mailed, an additional packet containing reminder notes for staff was mailed to each director for distribution to participating staff.

Additional information on methodology may be obtained from Kathlene Larson, 515-294-3452, or email to katelar@iastate.edu.

Results of the current child care center staff survey

A total of 129 current child care center staff responded to the survey. Their average age was 37.83 years ($SD = 13.58$), and they averaged 13.55 years of formal education ($SD = 1.60$). They averaged 8.55 years of experience in the field ($SD = 7.45$) and planned to remain in the field for an average of 9.41 more years ($SD = 9.07$). They worked an average of 37.52 hours per week ($SD = 11.44$) for an average 46.27 weeks per year ($SD = 8.12$).

Percent distributions for each question in the survey begin on the following page.

CURRENT CHILD CARE CENTER STAFF PERCENT DISTRIBUTIONS

Instructions:

Complete your answers by circling a number or filling in a blank. Opportunity is also available for you to provide written comments.

A. What is your current title or position? (n=129)

1. Center-based Program Director	14%
2. Assistant Director	5%
3. Supervisor	3%
4. Lead Teacher	23%
5. Head Teacher	6%
6. Teacher	21%
7. Assistant Teacher	14%
8. Teacher's Aide	9%
9. Floater	6%
10. Other (please specify) _____	10%
Office assistant & sub	
Cook (daycare)	
Cook	
Food service	
I teach in the mornings & "direct" in the afternoon	
Caregiver	
Cook/ transportation aide	
Childcare provider	
Charge of baby room	
Para	
Nutrition assistant	
Associate Lead Teacher	
Before school extended care age 3 to grade 5	
Family resource educator	

B. Do you work directly with the following groups of children?

	No	Yes
1. Infant (under 12 months) (n=102)	58%	42%
2. Toddler (12-23 months) (n=108)	53%	47%
3. Two year olds (24-35 months) (n=100)	58%	42%
4. Preschool (n=116)	19%	81%
5. Children with disabilities (n=92)	59%	41%

C. Including all current and previous employment, for how many years have you worked in early childhood programs? _____ years (n=127)

(Mean=8.5, Median=7.0, S.D.=7.4, Range=0-31)

D. We are interested in learning why you work in the early childhood field. Please use the one-to-five scale noted below for your answers.

Working in this field is...	Definitely NOT why I work in this field			Definitely why I work in this field	
1. my career or profession (n=124) (Mean=3.7, S.D.=1.3, Range=1-5)	10%	10%	19%	25%	36%
2. a stepping stone to a related career or profession (n=122) (Mean=2.6, S.D.=1.5, Range=1-5)	35%	14%	16%	22%	13%
3. a personal calling (n=125)..... (Mean=3.8, S.D.=1.2, Range=1-5)	10%	5%	18%	36%	31%
4. a job with a paycheck (n=123)..... (Mean=2.4, S.D.=1.3, Range=1-5)	33%	22%	26%	8%	11%
5. work to do while my children are young (n=122) (Mean=1.9, S.D.=1.4, Range=1-5)	66%	8%	9%	8%	9%
6. a way of helping a family member, neighbor, friend, or other adult (n=122) (Mean=1.8, S.D.=1.2, Range=1-5)	63%	11%	13%	7%	6%
7. other (specify _____) (n=41) (Mean=3.3, S.D.=1.9, Range=1-5)	39%	0%	0%	17%	44%

Nice hours, like children
 Job while in college
 It's in my church
 I like kids!
 Enjoy children
 I enjoy it most days
 Love children
 Work with my child
 I like working with the kids
 Love children
 Family business
 Enjoy it
 Because I like working with children
 Raised 8 children of my own
 Use my degree
 A job that is available
 I love to work with children. Knowing that I am helping a child with something they will
 encounter in the future gives me great joy
 I like the babies
 Work here or quit
 Love to work with children
 Love children
 Make a difference in children's lives
 A way of making a difference
 Started, ended up really liking
 I love kids & want to be a positive influence on them & their learning & help them to always
 do their best, to be the best they can be. Good self-esteem is so important for every
 child & adult.

E. Do you follow a curriculum as a guide to daily program activities? (n=128)

- 1. No 19%
- 2. Yes 81% →

E1. If YES, who developed the curriculum you use? (Circle ONE response)

(n=100)

- | | |
|--|-----|
| 1. I developed or my director developed | 65% |
| 2. Creative Curriculum | 18% |
| 3. West Ed's Program for Infant/Toddlers | 0% |
| 4. Project Construct | 0% |
| 5. High Scope | 4% |
| 6. Other (please specify _____) | 14% |
- Designed by different pre-k teacher
Fireflies- Friendship Express
Montessori
Daycare director
Brigance
We follow a Christian curriculum received at an educational workshop combined with preschool curriculum published by Synod
Lead teacher
Lead teacher developed
Teacher
Every Day in Every Way
Teachers Helper and The Mailbox (lead teacher prepares it)
Teacher & myself
Combination project approach, constructivism, interest based thematic units
Sunrise Express

This section of questions is about your education and training.

A. What is the highest level of education you have achieved? (n=126)

- | | |
|--|-----|
| 1. Some High School | 1% |
| 2. High School diploma or GED | 27% |
| 3. Some College (approximate number of college credit hours: __ (n=24)
(Mean=29.4, Median=28.5, S.D.=21.5, Range=2-100) | 28% |
| 4. 1-year Certificate of Proficiency in Early Childhood Education | 8% |
| 5. 2-year degree (A.A., A.S., A.A.S.) Major area? _____ | 11% |
| Early Childhood | |
| Secretary | |
| Early Childhood | |
| Child Development Associate | |
| Currently enrolled in nursing program | |
| Childhood development | |
| Childcare administration | |
| Child Development Associate | |
| Accounting/ and diploma in Clerical | |
| Elementary Education | |
| Early childhood education | |
| Elementary Education | |
| Medical Secretary | |
| Early Childhood Ed | |
| Administrative Assistant | |
| 6. 4-year degree (B.A., B.S.) Major area? _____ | 25% |
| BA Elementary Education | |
| Early Childhood/ Elementary | |
| Psychology | |
| Psychology, Elementary Ed | |
| Elementary Education/ Early Childhood endorsements | |
| B.S. Math Education | |
| Early Childhood Education | |
| Bible, Counseling, Elementary Education | |
| Education | |
| Elementary Education | |
| Marketing | |
| BS. Child, Adult Family Services | |
| Elementary Ed | |
| Family Consumer Science | |
| Elementary Ed | |
| Elementary Education | |
| Psychology/ Speech- Hearing Sciences | |
| Early Ch/ EI Ed BA | |
| Early Ch/ EI Ed BA | |
| Child Development Pre-K, K Certified | |
| Elementary Education | |
| Music Education | |
| Elementary Education | |
| Double major: Early Childhood and Elementary Education | |
| Three year degree BA (INDIA) and Para Educator certification | |
| Elementary Education | |
| Early Childhood Education | |
| Elementary Education | |
| BS Child Development | |

- BA Elementary Education
Elementary Ed- ECSE endorsement
7. Masters degree (M.A., M.S.) **Major area?** _____ 0%
8. Ph.D. / Ed.D. **Major area?** _____ 0%
- B. Do you have a degree beyond high school?** (n=125)
1. No 52% **(If NO, Skip to Question D on Page 4)**
2. Yes 48%

B1. If YES, do you have an early childhood education/child development degree? (n=58)

1. No 52%
2. Yes 48%

B2. Have you completed additional early childhood education/child development coursework? (n=29)

1. No 52%
2. Yes 48%

B3. How many early childhood education/child development college credits have you completed?

_____ credits (n=27)

(Mean=14.1, Median=9.0, S.D.=17.1, Range=0-70)

C. Do you have a teaching endorsement or license to teach from the state? (n=62)

1. No 65%
2. Yes 35%

C1. If YES, please list your teaching endorsement(s) and license(s) below.

BA Elementary Ed. Reading/ language endorsement
Special Ed
Getting it
7-12 math
Early Childhood Ed. Infant- age 8
Retired teacher- IA
Standard
Elementary Ed- K-6, Early Childhood pre-K
K-6 Classroom teacher, K-6 Basic Science (minor)
Iowa and Wisconsin PK-6 teaching license
BA Elementary Education from UNI 1970
K-6 Teacher EI Classroom, PK-K Teacher PK-K Classroom
K-6 Elem Classroom, PK-K Teacher, PK-K Classroom
Pre-K- Kindergarten
K-6 Elem Classroom, Standard License
Music K-12
K-6, English/ Language Arts, and Reading
Provisional license renewed twice and 2 years experience not fulfilled
Early Childhood Education, Reading
Elementary Education, Coaching Endorsement
Iowa Educators license
Elementary Ed license- reading endorsement, Spanish endorsement, early childhood special education endorsement

D. Do you have a Child Development Associate Credential (CDA)? (n=125)

1. No 89%
2. Yes 11%

D1. If YES, did you earn any of the following types of CDA? Please indicate the expiration dates of the credentials.

	<u>No</u>	<u>Yes</u>	<u>Expiration Date</u>
1. Center-Based Pre-School (n=12).....	17%	83%	10-04 Feb. 2009 2007 2008
2. Center-Based Infant/Toddler (n=7)	43%	57%	11/07 2007
3. Family Child Care (n=5)	80%	20%	
4. Home Visitor (n=5).....	100%	0%	

D2. Did you earn college credits for your CDA? (n=14)

1. No 43%
2. Yes 57%

E. Within the last 24 months have you completed...

	<u>No</u>	<u>Yes</u>
1. CPR training (n=128).....	12%	88%
2. First Aid certification/recertification (n=127)	9%	91%

F. In the last three years (2002-2004), have you attended any of the multi-day curriculum trainings listed below? If so, did you receive a certificate?

	<u>Attended?</u>		<u>If YES, Received Certificate?</u>	
	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>
1. Program for Infant/Toddler Care (n=110; 22).....	82%	18%	5%	95%
2. Every Child Reads (n=111; 30).....	74%	26%	10%	90%
3. Creative Curriculum (n=105; 13).....	90%	10%	15%	85%
4. High Scope (n=100; 1).....	100%	0%	100%	0%
5. Other (please specify_____) (n=71; 20)	75%	25%	10%	90%

Food nutrition
NAC
Food service ISU
I'm in classes start Oct 22nd I'm taking Infant/Toddler Care program
Parents As Partners
Conference
TEACH Training and numerous other trainings and conferences, all with certificates

F. Other (continued)

Soaring and Exploring every year at NIACC in Mason City. Preschool workshops in the Lutheran Church district. Better Kid Care Satellite Workshops from Iowa State University Extension. Early Childhood Education workshop at UNI
 Prairie Lakes AEA UNI course
 DMACC Child Care Council
 6 traits of writing
 See How They Grow – UNI
 Early Childhood UNI Conference
 Mandatory Child Abuse Reporting
 Autistic Training & Special Needs

G. In the last 12 months, did you...

	No	Yes
1. attend a regional, state or national conference for early childhood training? (n=123)	76%	24%
2. attend a workshop or meeting for early childhood training? (n=128)	27%	73%
3. attend a college class in the early childhood field? (n=117)	85%	15%
4. participate in T.E.A.C.H.? (n=119)	98%	2%
5. participate in Promise Jobs? (n=121).....	92%	8%

H. Are you a member of

	No	Yes
1. National Association for the Education of Young Children (NAEYC) or state affiliate? (n=124)	89%	11%
2. National Association for Family Child Care (NAFCC) or state affiliate? (n=122).....	100%	0%
3. National Head Start Association? (n=122)	95%	5%
4. National Afterschool Association? (n=122).....	95%	5%
5. Other (specify _____) (n=61)...	98%	2%

ISEA

I. How many clock hours of early childhood related training did you complete during the past 12 months? _____ total hours of training (n=122)

(Mean=17.8, Median=10.0, S.D.=33.1, Range=0-320)

J. In the past 6 months, has anyone in the early childhood/child care field talked with you about your career development? (n=129)

1. No 69%
2. Yes 31% →

J1. If YES, who talked with you? (n=37)

1. My director 73%
2. Other (specify _____) 27%
 - State license
 - Advisor from College
 - Board president
 - Board member
 - Board president
 - State rep
 - Professors
 - CCRR
 - Another director
 - My director & another daycare center
 - Principals and superintendents
 - Training coordinator

K. Have the following professional organizations or resources been of assistance to you?

	No	Yes
1. Professional Association (n=122).....	85%	15%
2. In-house trainings (n=125)	50%	50%
3. Resource & Referral (n=125)	42%	58%
4. Parents as Teachers (n=121).....	71%	29%
5. County Extension Agent (n=120)	65%	35%
6. Nurse consultation (n=119).....	73%	27%
7. Community Workshop (n=122)	64%	36%
8. Accreditation Facilitation (n=119).....	88%	12%
9. Other resource (books, magazines) (n=121)	21%	79%
10. Internet resource (n=120).....	39%	61%
11. Other (please specify _____) (n=46).....	85%	15%
Teacher Practitioner Council @ UNI		
DHS		
Local teachers & providers		
Workshops		
AEAll		
Other directors		
Co-workers		
Other preschool/daycare staff		
12. Other (please specify _____) (n=38).....	100%	0%

This section contains questions about your current working conditions.

A. Circle one number to indicate how strongly you AGREE or DISAGREE with the following statements about your work conditions. (1 is Strongly Disagree and 5 is Strongly Agree.)

	Strongly Disagree				Strongly Agree
1. I know what is expected of me at work (n=129). (Mean=4.6, S.D.=.8, Range=1-5).....	2%	0%	6%	21%	71%
2. I have the materials and equipment I need to do my work right (n=129). (Mean=4.1, S.D.=1.0, Range=1-5)	1%	7%	19%	32%	41%
3. At work, I have the opportunity to do what I do best every day (n=129). (Mean=4.4, S.D.=.8, Range=2-5)	0%	4%	8%	36%	52%
4. In the last seven days, I have received recognition or praise for doing good work (n=129). (Mean=3.5, S.D.=1.4, Range=1-5)	14%	15%	14%	24%	33%
5. Someone at work seems to care about me as a person (n=129). (Mean=4.3, S.D.=.9, Range=1-5)	2%	2%	16%	25%	55%
6. There is someone at work who encourages my career development (n=129). (Mean=3.5, S.D.=1.3, Range=1-5)	13%	7%	25%	30%	25%
7. At work, my opinions seem to count (n=129). (Mean=3.9, S.D.=1.0, Range=1-5)	3%	5%	19%	40%	33%
8. The mission of my workplace makes me feel my job is important (n=129). (Mean=4.2, S.D.=.9.6, Range=1-5)	3%	2%	12%	34%	49%
9. My co-workers are committed to doing quality work (n=129). (Mean=4.1, S.D.=1.0, Range=1-5)	2%	6%	19%	32%	41%
10. I have a best friend at work (n=129). (Mean=3.4, S.D.=1.4, Range=1-5)	12%	15%	24%	15%	34%
11. This last year, I have had opportunities at work to learn and grow (n=127). (Mean=4.0, S.D.=1.1, Range=1-5)	4%	6%	15%	34%	41%
12. In the last six months, someone has talked to me about my progress (n=128). (Mean=3.5, S.D.=1.5, Range=1-5)	16%	13%	15%	21%	35%

B. Are the following benefits available in the center where you work? If the benefits are available, do you use them? If you do not participate, please comment on why you do not participate.

	Available?		If YES, use?		Why not participate?	
	No	Yes	No	Yes	Please comment	
1. Wage supplements, based on training and experience (n=120; 32).....	63%	37%	13%	87%	Comments begin on page 63	
2. Annual cost of living increase (n=121; 34) .	62%	38%	0%	100%		
3. Periodic merit increases (n=122; 14)	85%	15%	0%	100%		
4. Year-end bonus (n=122; 7).....	88%	12%	0%	100%		
5. Health insurance benefits (n=127; 52)	50%	50%	58%	42%		
6. Dental insurance benefits (n=126; 30)	71%	29%	57%	43%		
7. Short-term or long-term disability (n=119; 18)	78%	22%	44%	56%		
8. Retirement benefits (n=125; 33)	64%	36%	21%	79%		
9. Reduced or free child care (n=124; 67)	38%	62%	63%	37%		
10. Paid vacation days (n=126; 70)	31%	69%	14%	86%		
11. Paid sick days (n=126; 59).....	41%	59%	15%	85%		
12. Personal leave (n=124; 64).....	35%	65%	16%	84%		
13. Flexible, discretionary paid time off (n=122; 29)	68%	32%	10%	90%		
14. Paid parental leave (n=119; 11).....	88%	12%	55%	45%		
15. Training & tuition (n=123; 54).....	43%	57%	9%	91%		
16. Scholarships for credit-based courses (n=122; 8)	91%	9%	50%	50%		
17. Forgivable loans (n=123; 1)	99%	1%	0%	100%		
18. Paid while in training (n=126; 47).....	52%	48%	4%	96%		
19. Hiring bonuses (n=125; 2).....	98%	2%	50%	50%		
20. Recognition awards (n=126; 19)	83%	17%	16%	84%		
21. Maintaining low class size (n=118; 32)	57%	43%	6%	94%		
22. Maintaining low adult to child ratios (n=120; 38)	49%	51%	5%	95%		
23. Formal mentoring and support (n=123; 18)	81%	19%	6%	94%		
24. Networking opportunities with peers and others in the field (n=123; 33).....	68%	32%	6%	94%		
25. Professional development materials (n=124; 51)	44%	56%	2%	98%		
26. Other (specify _____) (n=20; 0)	100%	0%	0%	0%		

B. 1. Why not participate - wage supplements, based on training and experience

No training yet
Student, I can't

B. 5. Why not participate - health insurance benefits

Covered under parents
Husbands
We use AFLAC.
Insurance with husband
Too expensive
We have insurance thru Blue Cross on our own, not much cheaper
Too expensive
Cost too much
Use spouses
Not good coverage
Already covered by husband
Cost too much
Too expensive
Husband has paid insurance through work.
My husband gets much better insurance.
Take stipend - husband has insurance
My husband's insurance
Other coverage
I use my husband's benefits. No need
Covered under husband

B. 6. Why not participate - dental insurance benefits

Husbands
We use AFLAC.
AFLAC
Insurance with husband

B. 6. Why not participate - dental insurance benefits (continued)

Use spouses
Not offered
Too expensive
Cost
Covered under husband

B. 7. Why not participate – short-term or long-term disability

Have not had to use
Never had to use it
Haven't needed to
I am only part time. Can't benefit
Have not needed

B -8. Why not participate – retirement benefits

Will use IPERS
Not full-time
Don't need
Not offered

B-9. Why not participate – reduced or free child care

No children
No children
I have no children.
No small children
No kids
No children
No kids
Don't have kids
Older children
No young children
I work part-time
Kids too old
No children in childcare
No children in childcare
Children too old
Not needed anymore
Do not have a young child
No children
No children
No small kids
No young children
No kids
Child in school now
My children are older.
No kids yet 😊
No children attend
No children
Not needed
No children
No children
No children under 12
No children

B-10. Why not participate – paid vacation days

Not full-time
Not eligible yet
Part-time employee
Haven't had a vacation
Not available yet
Not yet eligible

B-11. Why not participate – paid vacation days

Not full-time
Don't need
Not sick
Never sick
Not yet eligible

B-12. Why not participate – personal leave

Haven't needed time
Not needed yet
Part-time employee
Have not needed to
Not available yet
Not yet eligible
No pay

B-14. Why not participate – paid parental leave

Never had to use it
Not pregnant
If sick or vacation
No kids yet ☺
No children

B-15. Why not participate – training & tuition

No training yet
Can't afford
If you leave in 1 years time, you owe all assistance back to company.
Sometimes it's offered

B-16. Why not participate –scholarships for credit-based courses

I have a young family.

B-18. Why not participate – paid while in training

Not in training
No opportunity yet

B-24. Why not participate – networking opportunities with peers and other in the field

No time

B-25. Why not participate – professional development materials

Money
Unsure

C. What other kinds of opportunities, benefits, or incentives would make it more likely that you would remain in the early childhood field?

Birthday recognition, lunches ordered in, holiday parties
If there was more money
Better pay
Better pay, paid vacation, lower class size/ more teachers
I have already decided on another career field
Work flexibility
More money
Better pay more scholarship opportunities
Insurance, paid holidays
Forgivable loans on 2 year & 4 year degrees
Forgivable loans, higher wages
Working on BA/ BS- help tuition, raises on merit
Better pay, better benefits, & better management (supervisors)
Paid vacations, personal days, paid sick days

By offering providing us with scholarship, because we can't afford to work (being that it is half or all the main income) so how can we to continue

Higher wages, PTO, health benefits

In the past, the incentive to stay would have been money, but in the last few years I do not depend on this income & I just like my work & the hours it demands (6 hr a day)

Just more benefits

More recognition and less complaining from superiors

More benefits

Get more vacation time, more funding, and eliminate the people who don't belong in this field

C. What other kinds of opportunities, benefits, or incentives would make it more likely that you would remain in the early childhood field? (continued)

Health insurance access, 401K

Pay increase

Insurance, higher wages and a better boss

More pay, paid time off, health insurance

I put in a lot of extra hours but do not get paid. I am paid salary but that doesn't seem to be much considering all the responsibilities we have.

Health/dental insurance

Health care- but not needed badly

Better pay and benefits, including medical insurance access to quality supplies, materials, toys

I feel I would remain in this field regardless- I enjoy working with children.

Higher wages, health insurance

Higher wages

Health insurance, paid sick days

Payment for training, insurance, 401K, longer breaks

Insurance & retirement & increase pay benefits

Request of supplies met (better) pay (because I might buy my supplies)

Payment for all training, higher wages, insurance, retirement account opportunities, longer breaks

I am in the field right now while going through college because I like children, but I do not plan on staying in the field forever.

Retirement after so many years

Raise in wages would help (haven't had one in 3yrs.); Three years ago I was getting \$7.95 per hr. I had .45 cents per hr. knocked off to get my wages down to where some of the new workers were at. Did not think that was very fair. Very discriminating

People who do years of service to do more for those people, extra vacation time or day off, extra points for being on time and for not being sick

Health insurance- sick pay- (separate from vacation) retirement

Would like to see different information about field trips and how to help with changes

More money & health insurance, retirement benefits, sick day pay from vacation time

Higher pay

Childcare would pay for further education- college courses. Insurance

At my daycare I would like higher pay and better benefits like retirement and dental, etc.

Better benefits

Health insurance, respect from local school district, respect from local empowerment group I'm only part-time.

Have more paid training to further my education in Early Childhood education

Getting more hours in and more equipment to do thing with the kids

More opportunities to meet & talk with parents

Reasonable pay increase- very sad that childcare isn't better paid. When you consider that other less important things take precedence

I will remain. I am close to retirement.

Pay increase, better benefits

PTO for 9 month employees, cheaper health insurance

Lower insurance costs. Higher wages!

More professional resources, retirement benefits, more praise- more often, many more supplies, better pay, smaller class size

Paid tuition for college credit, higher salaries for staff

Better pay & retirement benefits

More money for staff

More mission-based early childhood centers

C. What other kinds of opportunities, benefits, or incentives would make it more likely that you would remain in the early childhood field? (continued)

Full-time work, higher pay
Have more places to find activities to do with 1 year olds
I believe support is important and that is what we're missing
More direct help for children with special needs
Making the previous benefits standard across all early childhood places of employment
Better pay, flexible director staff @ Central Staff
Better pay, and a more stable work schedule; At the center I am currently at, you do not get to leave for the day until ratios drop, which makes it difficult, especially since I have 2 young children who need consistency. Also, we are severely understaffed.
Insurance- retirement benefits
Classes that are free and informative, classes that are paid for
Better pay/health benefits
Recognition for how important the job is and how much responsibility is put on the staff
Pay, more full-time hours
Full time employment plus full benefits
Credit to teaching license for work experience in childcare; Better pay!!
Better pay, really enjoy working in childcare, insurance benefits
Better pay and opportunity for advancement and trainings
Higher pay, paid maternity leave
If I were recognized as a certified teacher
I was hired for this position by Boone Schools for 8 weeks. This position became non-funded by school, I applied but someone teaching here was awarded the position. It is no longer a school position so this other person (not a school associate could get this job.)
More money; I'm very happy here; but I have another job on the side just to make ends meet
Benefits, wage increase, training
It would be nice to make more money for all the work and time I put into doing my job. It would also be nice to hear more praise from my director and board members in charge of the school. Better communication between the director, board members, and teachers would make it a more pleasant place to work.
More competitive salary with benefits (i.e., sick days, vacation)
More training
Health insurance & better pay
Taxing more educational classes if they were paid for
I love being with the children & want to teach them to be the best they can be.
Better pay
Better pay but I am dedicated to the families and I don't plan on leaving.

D. Did you take part in an orientation program prior to beginning work at the center where you currently work? (n=125)

1. No 70%
2. Yes 30%

D1. If YES, what effect did it have on your experience at the center?

Better pay, really enjoy working in childcare, insurance benefits
Better pay and opportunity for advancement and trainings
Higher pay, paid maternity leave
If I were recognized as a certified teacher
I was hired for this position by Boone Schools for 8 weeks. This position became non-funded by school, I applied but someone teaching here was awarded the position. It is no longer a school position so this other person (not a school associate could get this job.)
More money; I'm very happy here; but I have another job on the side just to make ends meet

**D1. If YES, what effect did it have on your experience at the center?
(continued)**

Benefits, wage increase, training
It would be nice to make more money for all the work and time I put into doing my job. It would also be nice to hear more praise from my director and board members in charge of the school. Better communication between the director, board members, and teachers would make it a more pleasant place to work.
More competitive salary with benefits (i.e., sick days, vacation)
More training
Health insurance & better pay
Taxing more educational classes if they were paid for
I love being with the children & want to teach them to be the best they can be
Better pay
Better pay but I am dedicated to the families and I don't plan on leaving.
Better pay, really enjoy working in childcare, insurance benefits
Better pay and opportunity for advancement and trainings
Higher pay, paid maternity leave
If I were recognized as a certified teacher
I was hired for this position by Boone Schools for 8 weeks. This position became non-funded by school, I applied but someone teaching here was awarded the position. It is no longer a school position so this other person (not a school associate could get this job.)
Feel more comfortable
It helped me feel more prepared on my first day
Great help in expanding understanding
I worked as an aide before I became a teacher
Very helpful
Helped to prepare me
Dad & I, Parmet (sic) as Teachers
None, it was all general knowledge. It was not very informative; basic childcare knowledge: how to change a diaper, etc.
Helped me become more knowledgeable of the expectations put on me
It was helpful. I think the orientations have improved from when I started.
Better prepared
Made transition go more smoothly

**E. How many more years do you plan to stay in the early childhood field? ____
years (n=76)**

(Mean=9.4, Median=5.5, S.D.=9.1, Range=0-40)

F. Would you do other work if you could? (n=125)

- | | |
|--------|-----|
| 1. No | 58% |
| 2. Yes | 42% |

G. For what reason(s) did you respond as you did to Question F?

I love kids.
I love working with children, I love my job, it is rewarding and I come home happy.
I love my job. I wish I would make more money.
It depends on the other work, factory no librarian speech path, yes
I plan to be a stay-at-home mom as soon as my husband completes college.
I enjoy my job.
I am 73/ retire in 3 years.

G. For what reason(s) did you respond as you did to Question F? (continued)

I started at the childcare center in high school and I am attending college for an A.A. degree in Comm. Childcare is where I am now, but will not be forever.
I like what I'm doing and it works well with my other commitments.
Pay is low
I would like to further my education and training.
I like the people & children. Cooking is fun & challenging for young children.
More pay, better supervisors
I love kids.
Cause I love kids.
I love working with the children, but there are no benefits & the pay is unimpressive.
Working in a Para educating field
Because I love children and believe they deserve a better education with a caring support system.
My schedule is perfect as I am a mother with 2 kids in school.
I really enjoy working with children & am considering getting my early childhood degree.
My age- near retirement
I will stay at our pre-school until I retire. I cut back to three days a week this school year.
I only want to work with kids, whether it be with babies, toddlers, school aged or pre-school or with challenged children.
I am thinking about having a kid and want to stay home
I love my job. I have small children myself, and their smiles keep my day going.
The pay is very poor. This job is a very stressful and busy job for the very low pay you get.
It would have to be something I'd like doing and the benefits to my family would have to be more than what I'm currently getting.
I can't imagine not working with children - there is absolutely no other job I can think of that would give me the satisfaction (& frustration) I get each day at work.
I like what I do; I love the children.
Children are my passion.
Because I love what I do and being with kids all day is great.
Yes, I would do other work because I'm really frustrated with my boss and no, because I love what I do.
I would do other work if it provided more of what I needed. I love kids and working with them, but sometimes it just doesn't make ends meet
Maybe go into photography. But I truly enjoy what I do. Sometimes do not feel appreciated and people expect so much out of you. It can be overwhelming at times.
It is important to keep active.
It is my calling to teach a Christian based preschool & I love it. I would only leave because we needed more money or benefits.
I love being around children.
I enjoy the atmosphere in the childcare setting.
I believe early childhood teaching is extremely important and I have the skills to do it well I intend to pursue a degree in early childhood education.
Because I enjoy what I have been currently doing for the last few years.
Higher salary
I enjoy working with children.
I would have any time to spend with my family.
I enjoy working with children & teaching them.
Because it has been very discouraging to have no respect or supplies from central office & I do enjoy other things in life.
I want to be able to spend more time with my young children and this job allows me to get more time with them.
No, I love my job right now. It's a fun part-time job. I also think it is rewarding.
Have baked & decorated cakes on the side of my other two part-time jobs before taking this job
My heart is in working with children and families. I enjoy it!

G. For what reason(s) did you respond as you did to Question F? (continued)

If there was a job available that would be close and paid better, I would probably take it same thing that offered some benefits.

Have to find something I would enjoy as much as I do working with kids. Love being with babies

Higher salary and benefits

If I feel that I'm not getting enough hours or paid for the amount of college, then I'd work another job to support myself.

More money & benefits

I enjoy my job.

I love working with children & the public. I like to do office work. It makes me feel good knowing that I have had an impact on a child's life.

I would like to go to college and become a nurse.

Burnout

If I had another job opportunity come about working with children and that had benefits, I would take it.

Pay, respect, too much politics being forced into area

Find a steady job with greater pay

I like the career that I have picked- but I would do more work to further my career in child care.

Not getting enough hours to pay my bills

I would like to return to teaching in a school.

Mostly monetary- because of inability to make a living solely on this pay!

It's what I love & children give me great joy & challenges. Each day is filled with something new. It can be very rewarding.

Prefer to work with elementary students than preschool

My age and health

I would love to take classes to teach, but have found it hard to fit into my schedule.

The only reason I would leave childcare is because of the pay.

It is very rewarding work in which I have seen great development in myself, both professional and personally.

This is where my education is and I love what I do

I enjoy what I am doing. I get along well & the babies. I will be thinking about retiring and do not wish to change jobs. My job is within walking distance of my home

I love children.

I have always wanted to be an elementary teacher.

I love what I do!

I was told to work here or quit and be without a job.

I love to work with children. I just want to work at elementary level.

Would consider supervising only role

Better pay

I've been offered positions in the "business" world; but I feel I am called to work with young children. I started so I could make sure my own children had quality early childhood education- felt a need in that area ever since.

I like what I do. I would not change what I do.

Depends on the situation

I may possibly take a job for better pay and hours in a less stressful environment.

I love working with the children and their parents nothing is more satisfying or rewarding or more fun than watching them grow & develop & seeing those changes

There are days that I think about it but I really like working with the kids.

Want to go into nursing

This is what I want to do and what I am good at.

If something that is related to early childhood came along and I liked it OR if I found something else that I really enjoyed

High stress – hard on the body with all the lifting – not able to work more than 35 hours a week

Because of the pay ~ cannot afford the things I want or need – cannot keep up with the bills

I like working with young kids, and my past experiences.

G. For what reason(s) did you respond as you did to Question F? (continued)

I enjoy childcare.
I want to finish school for cosmetology and someday open my own salon.
I love working with children, and plan to do so until I have my own children.
If the job was very part time and close to home, and a friendly atmosphere
Because I love working with the kids so much
I enjoy working and teaching and want to have my own primary classroom in the future.
I enjoy what I do, but it does not pay well.
Low pay, poor situation where I work
I need to be employed and I wasn't given the opportunity to stay here. I have sure become attached to the kids and have truly loved this job. I'm very sad to have not been given the opportunity to continue with this position.
I enjoy children a lot & feel I have a lot to give.
I like my job. Making a difference in children's lives
I love working with children. I've worked with special need kids for 9 years & this year I'm in a Christian school & love it
The only reason I would change careers is if things don't get better at my current place of employment and I could not find another preschool to work at, at this time. In the future I may change careers to earn more money.
I love children and want to make a difference in their overall growth and development. Pay is not the most important thing, but it would be nice to be paid appropriately for what I do.
I enjoy working with the children.
I went to college for something else & feel that I wasted that money.
I enjoy working with kids.
I really enjoy being with the children & being a positive effect on them & their lives. We don't make much money because the center is non-profit, but I feel the rewards are great.
I originally thought I wanted to teach elementary but now that I am in early childhood & see the importance of the work, I know this is where I want to be.
Because I love kids and I couldn't imagine doing anything else!
I love my job/working with kids I feel I'm loved here and I enjoy being greeted every morning.
Enjoy children and working with their families
I like being in a position to help other people.
I love the center and the families, plus my age.

Next, we explore your previous work experiences.

A. Was your last employer in the early childhood/education field? (n=127)

1. No 62% (If NO, skip to Question A on page 9)
2. Yes 38%

B. For what reason(s) did you leave your last employer?

Moved
My family moved
This job closer to home and had better hours
Moved
The center closed
Health problems
Needed full-time
Wanted to be director of center
Go back to school
Wished to stay home with my children
Too many other duties while caring for children, no break in 6 or 8 hour shift
Not happy
It was many years ago to raise our children.

B. For what reason(s) did you leave your last employer? (continued)

Moved
Unfair practices with how they treated their employees
My husband took a job in another town so we had to move
To work full-time childcare
I took a break from work to go to college
My job now was full-time/
Maternity leave- wait till my children were older to work
Better benefits- closer to home (new job)
Too much fighting between other employees and not a good work environment- very stressful
Advancement, less hours working, outside of home
To try to get a teaching position subbed for a few years
I went back to school. Needed a job that worked with my schedule
Moved so present location was a little closer and there were more hours per week where I'm at now.
I did not leave- the employer left and we had to move into a different daycare setting all about the same time. The workers were all automatically transferred to the new DC facility.
Maternity
I moved to a different town and with prices of gas I didn't want to drive an hour.
I did not want to work nights any more.
Stay home with my children
Better job opportunity @ the current job & previous employer was difficult to get along with
Location
Divorce & move
Was not happy with and did not approve of the way the director ran the center
I moved home to care for my aging parents. I'm single.
This job became available and would allow me to be closer to my children while working.
This job is more suited to my educational training
New better center, was in home center before
Job more suited to my education
My center closed down
I'm still with that employer, too
My schedule for school changed and they wouldn't work around that
Opportunity to be director of new program
Unethical job performance of my director
Same employer, diff. position
My husband was transferred to Des Moines from St. Louis, MO. I had been with my previous employer for 4 ½ years.
Left to do my student teaching for college
Because I moved away to go to college
Pay and next job was office experience in daycare (step up from teacher)
Because of my husband's job; he used to work in India, he got job here so my family moved to U.S.A.
Moved towns
Drive too long, offered position closer to home with more pay and hours
It was temporary job
Looking for a position closer to family
Moved to another city
I'm still on recall with _____. I have been a one-on-one associate for them for 3 years and a Special Education Associate for two yrs & now preschool for 8 weeks. The special education numbers were down and my position was not needed for this school year in the _____.
Wanted better hours & insurance
No benefits; like I'm getting now
Job was eliminated - child moved out of state
For the one I have

B. For what reason(s) did you leave your last employer? (continued)

No benefits, could not make a living/support myself; Also, eventually felt I needed a challenge.

Business closed

To come work for Head Start, to have better hours, closer location

Too much bureaucracy

C. If the following benefits had been available to you in your last employment situation, is it UNLIKELY or LIKELY that you would have remained employed with your last employer?

	Wouldn't have made any difference		
	<u>Unlikely</u>	<u>Unlikely</u>	<u>Likely</u>
1. Wage supplements, based on training and experience (n=47).....	26%	51%	23%
2. Annual cost of living increase (n=46).....	26%	50%	24%
3. Periodic merit increases (n=47).....	23%	49%	28%
4. Year-end bonus (n=47).....	23%	47%	30%
5. Health insurance benefits (n=46).....	11%	54%	35%
6. Dental insurance benefits (n=47).....	11%	55%	34%
7. Short-term, long-term disability (n=47)	15%	64%	21%
8. Retirement benefits (n=47)	13%	57%	30%
9. Reduced or free child care (n=47)	26%	62%	12%
10. Paid vacation days (n=47).....	15%	53%	32%
11. Paid sick days (n=47)	15%	55%	30%
12. Personal leave (n=47)	15%	57%	28%
13. Flexible, discretionary paid time off (n=47).....	21%	58%	21%
14. Paid parental leave (n=47)	19%	62%	19%
15. Training & tuition (n=47)	23%	58%	19%
16. Scholarships for credit-based courses (n=47)	21%	55%	24%
17. Forgivable loans (n=47).....	21%	58%	21%
18. Paid while in training (n=47)	21%	51%	28%
19. Hiring bonuses (n=47).....	21%	58%	21%
20. Recognition awards (n=47).....	24%	57%	19%
21. Maintaining low room size (n=47).....	21%	62%	17%
22. Maintaining low adult to child ratios (n=47)	19%	60%	21%
23. Formal mentoring and support (n=47)	21%	62%	17%
24. Networking opportunities with peers and others in the field (n=47).....	23%	60%	17%
25. Supplies or equipment for program (n=47).....	17%	66%	17%
26. Professional development materials (n=47)	21%	60%	19%

In this final section, information is requested to give an accurate description of participants in our study. To ensure confidentiality, your responses will be combined with responses from others so that your individual information is not recognizable.

A. What was your age on your last birthday? _____ years (n=128)

(Mean=37.8, Median=36.5, S.D.=13.6, Range=19-73)

B. Your sex? (n=129)

- | | |
|-----------|------|
| 1. Female | 100% |
| 2. Male | 0% |

C. What is your race/ethnicity? (n=128)

- | | |
|---|-----|
| 1. African American | 2% |
| 2. American Indian | 1% |
| 3. Asian/Pacific Islander | 0% |
| 4. Hispanic/Mexican/Spanish | 0% |
| 5. Caucasian/White | 96% |
| 6. Other (including multi-racial – specify _____) | 1% |

D. Outside of caring for home and family, approximately how many hours per week...

1. do you work? _____ hours per week (n=128)

(Mean=37.5, Median=40.0, S.D.=11.4, Range=7-80)

2. does your spouse or partner work? a. _____ hours per week (n=85)

(Mean=42.6, Median=40.0, S.D.=17.2, Range=0-90)

b. _____ I do not have a spouse or partner.

E. How many weeks per year do you work for pay at your current center? _____ weeks (n=113)

(Mean=45.7, Median=51.0, S.D.=9.0, Range=15-80)

F. On what basis are your wages/salary calculated? (Circle one response and complete blanks) (n=117)

How much are you paid?			
Hourly	83%	\$ _____ per hour (n=129) (Mean=\$8.02, Median=\$7.50, S.D.=\$1.82, Range=\$5.15-\$13.45)	
Annual	11%	\$ _____ per year (n=18) (Mean=\$18,357.00, Median=\$18,750.00, S.D.=\$10,087.84, Range=\$1,800.00- \$43,386.00)	
Other (specify_____)	6%	\$ _____ (n=8)	per _____
		(Mean=\$398.31, Median=\$475.00, Range =\$32.50- \$800.00)	Monthly (n=3) (Mean=1.0, Median=1.0)
			Weekly (n=1) (Mean=3.0, Median=3.0)
			Day (n=1) (Mean=4.0, Median=4.0)
			Session (n=2) (Mean=5.0, Median=5.0)

G. Is your income from this child care center your household's only source of income? (n=129)

1. No 73%
2. Yes 27%

H. Use this space for additional comments you would like to provide.

Need more money
Husband on Social Security; I have taught 37 years in school system - severe & profound adults - B.W. classes at school now 11 year early childhood
I need to work an additional job to make ends meet. In section C - I moved so I could not stay at the same employment. Too far to commute
On Iowa & go hawks!
I hope this is not just another survey and that this goes farther than this survey. Please continue to care about T.A. because sometime we do feel unappreciated
Wages at centers are too low, across the board; No one wants to pay more for child care but sometimes the stress isn't worth the pay.
I really feel like a valuable player in the Head Start program because of the stressed importance of nutrition & nutrition education with young children & the parents of young children.
Our pre-school is a wonderful place to work. Three of us have worked together for 25 years. Most days are very rewarding

H. Use this space for additional comments you would like to provide. (continued)

With the ratio you're allowed to have infants/adult, and the curriculum you have to follow, and the constant sanitizing you have to do, daycare employees are very under paid

I changed jobs from a Shared Visions teacher to a Head Start teacher/co-director in June of this year. There are huge differences in the education I am able to offer due to lack of good quality supplies & the lack of education my new coworkers have. This has been by far the most difficult job change I have had in this field!

Working with children is very rewarding and fun but with that comes little pay and no benefits. It comes down to working for what you love to do or what you need.

If my income was our household's sole income, it would be impossible for me to remain in this field.

With some of the rambunctious kids, we deserve more pay.

Having worked in daycare for 18 yrs I feel I should have some seniority. I love working with children- that's mainly why I have stuck with it this long. Certainly not because of good pay or benefits

To ensure quality childcare, I would like to see the ratios lowered. I feel that better benefits and wages would help retain childcare providers and a good program would include a large area of space and necessary equipment for that program. A yearly recognition banquet and state paid conferences

I know this survey is just for research but I feel that our local empowerment withholds funds for all of our child care facilities and doesn't support us totally in our mission.

This is one of three jobs that I have. I started schooling for elementary ed. but ran out of money. I like working with kids but I also need a paycheck.

It would be great if our benefits were spiced up a little bit. We farm and pay our own insurance, to switch the rates would have to be a great savings. My husband's job very important and I want to help with everything.

I think early childhood education, especially preschool, is an important profession to be in, but the professionals are grossly underpaid and under appreciated for what they do in early childhood development.

I really enjoy the childcare profession & will probably stay in this field until I retire or have a second child & become a stay at home mom. Thank you& good luck.

My job is rewarding & really enjoy it

Some of my classes are from my college courses. I'm a full time student and that comes first.

I think early childhood teachers are highly overlooked, underpaid, overworked & unappreciated! We're many times a child's first teacher- we set a precedent about how a child may like/dislike school. I try to give them the best start I can, so they have a successful educational experience.

The children & families are a great benefit to this job!

Thanks for the \$1.00! J

My hope is that the government would regulate or enforce policies for childcare facilities ~ maybe the pay would be better (based on education or experience) and more money available to purchase needed equipment.

Childcare providers don't get the recognition, benefits, or pay they deserve especially in state centers. I wish there was more in this profession.

The early morning work hours fit into my life very well. I am very part time; so many questions did not seem to fit my circumstances.

It is except for social security benefits.

I am very disappointed that this Boone School Associate position was ended so another employee in this building could have this position.

Teaching is one of the most rewarding and satisfying jobs I have ever had.

Thank you for letting me be a part of this survey. Working with children is very rewarding. I get hugs when I enter the door, something I don't even get at home!

APPENDIX F. MAILED SURVEY TO FORMER FAMILY CHILD CARE PRACTITIONERS

Sixty seven former family child care providers returned usable questionnaires for this survey. A four-phase mailing process was used, beginning with 1) an announcement letter, 2) questionnaire mailing (cover letter, questionnaire, \$1 incentive, and postage-paid reply envelope (to Iowa State University), 3) and thank you/reminder postcard, and 4) a questionnaire replacement mailing (sent to only those who had not responded). Mail returns were tracked using a confidential envelope identification numbering system.

Demographics for the former family child care practitioners

Average age of the former family child care providers was 37 years. All of these respondents were female. In the 65 respondents who indicated their race/ethnicity, 57 were Caucasian, 4 were African-American, 2 were Hispanic/Mexican/Spanish and 2 were American-Indian. Respondents reported that when they worked in their child care business, they worked an average of 50.9 hours per week providing direct care to children and 14.5 hours per week on other tasks associated with maintaining their business outside of direct care for children. Average total income from child care services was \$11,529 in the last calendar year. Average total expenses for the child care business were \$5,693. Seventeen percent of respondents indicated that their income from child care was the household's only source of income. Nineteen percent reported the household did not have access to health care insurance when the respondent was doing business as a child care provider.

Additional information on methodology may be obtained from Kathlene Larson, 515-294-3452, or email to katelar@iastate.edu.

Percent distributions for each question in the survey begin on the following page.

Iowa Child Care Workforce Recruitment & Retention Study
Former Family Child Care Providers Questionnaire

Instructions:

Complete your answers by circling a number or filling in a blank. Opportunity is also available for you to provide written comments.

A. Are you currently providing child care for pay in your home? (n=67)

1. No 100%
2. Yes (IF YES, please STOP. Check here ☐ and return your questionnaire in the enclosed envelope.)

B. Were you the owner of the family child care program where you worked? (n=67)

1. No (IF NO, please STOP. Check here ☐ and return your questionnaire in the enclosed envelope.)
2. Yes 100%

C. Did you work with children of the following ages?

	<u>No</u>	<u>Yes</u>
1. Infant (under 12 months) (n=61).....	12%	88%
2. Toddler (12-23 months) (n=64)	9%	91%
3. Two year olds (24-35 months) (n=64)	11%	89%
4. Preschool (n=61).....	5%	95%
5. Children with disabilities (n=39).....	64%	36%

D. Including all previous employment, how many years did you work in early childhood programs?

_____ years (n=65)

(Mean=7.6, Median=5.0, S.D.=7.0, Range=0-28)

**E. We are interested in learning why you worked in the early childhood field.
Please use the one-to-five scale noted below for your answers.**

Working in this field was...	Definitely NOT why I worked in this field			Definitely why I worked in this field	
1. my career or profession (n=63) (Mean=2.8, S.D.=1.6, Range=1-5)	33%	16%	16%	11%	24%
2. a stepping stone to a related career or profession (n=62) ... (Mean=2.3, S.D.=1.4, Range=1-5)	42%	19%	19%	10%	10%
3. a personal calling (n=63) (Mean=3.5, S.D.=1.2, Range=1-5)	11%	6%	21%	41%	21%
4. a job with a paycheck (n=66). (Mean=2.8, S.D.=1.4, Range=1-5)	26%	15%	24%	24%	11%
5. work to do while my children are/were young (n=66)..... (Mean=3.9, S.D.=1.5, Range=1-5)	15%	3%	12%	18%	52%
6. a way of helping a family member, neighbor, friend, or other adult (n=66) (Mean=3.1, S.D.=1.7, Range=1-5)	29%	14%	9%	15%	33%
7. other (specify _____) (n=19)..... (Mean=3.2, S.D.=2.0, Range=1-5)	42%	0%	0%	11%	47%

We never had children of our own and my husband's job was impossible to match in hours.
 Child care allowed me to make money and still be able to be home when he was. Also a
 chance to have children in my home and make great friends of their parents
 Love of kids
 My childcare provider quitting
 Love children
 Unable to have children of my own
 Liked kids and cared about parents needs also
 To be home with my kids
 I love teaching

F. Did you follow a curriculum as a guide to daily program activities? (n=66)

1. No 47%
2. Yes 53% →

If YES, who developed the curriculum you used? (n=34)

1. I developed 79%
2. Creative Curriculum 9%
3. West Ed's Program for Infant/Toddlers 0%
4. Project Construct 0%
5. High Scope 0%
6. Other (please specify _____) 21%
 - Myself
 - Family Resource Center
 - Carols Affordable Curriculum
 - Mother Goose
 - High Reach Learning
 - Kapers for Kids (curriculum St. Paul, MN)

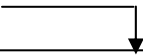
This section of questions is about your education and training.

A. What is the highest level of education you have achieved? (n=66)

1. Some High School 2%
2. High School diploma or GED 33%
3. Some College (**approximate number of college credit hours:** _____ (n=11) 28%
(Mean=21.1, Median=18.0, S.D.=18.6, Range=1-50)
4. 1-year Certificate of Proficiency in Early Childhood Education 2%
5. 2-year degree (A.A., A.S., A.A.S.) **Major area?** _____ 19%
 - Horticulture
 - A.A.
 - Health Info Mgt
 - Education and 1 ½ years at ISU for Early Education
 - Administrative Management
 - Child Supervision & Management
 - Psychology
 - Interior Design
 - Early childhood education
 - Education Secondary
 - Business Administration
 - Also have my dental assisting degree, plus most of the classes toward elementary teaching
 - Computer programming
6. 4-year degree (B.A., B.S.) **Major area?** _____ 14%
 - A.A. Education K-12, Fine A.A.S.
 - Early childhood education
 - Mass Communications
 - General Studies English, Business Library tech
 - Elementary Ed
 - Business
 - Elementary Ed
 - Child services
 - Elementary Ed
7. Masters degree (M.A., M.S.) **Major area?** _____ 2%
 - Early childhood

8. Ph.D. / Ed.D. Major area? _____ 0%

B. Do you have a degree beyond high school? (n=65)

1. No 60% (If NO, Skip to Question D)
2. Yes 40% 

B1. In what year did you complete this degree? _____ (n=24)

1970	4%	1992	9%	1999	9%
1971	4%	1993	9%	2000	8%
1979	4%	1994	4%	2001	4%
1982	4%	1996	9%	2002	4%
1986	4%	1997	4%	2003	4%
1989	4%	1998	4%	2004	4%
1991	4%				

B2. Do you have an early childhood education/child development degree? (n=26)

3. No 73%
4. Yes 27%

B3. Have you completed additional early childhood education/child development coursework? (n=11)

3. No 46%
4. Yes 54%

B4. How many early childhood education/child development college credits have you completed? _____ (n=6)

(Mean=45.8, Median=22.5, S.D.=55.8, Range=0-128)

C. When you operated your family child care business, did you have a teaching endorsement or license to teach from the state? (n=26)

1. No 73%
2. Yes 27%

D. Did you have a Child Development Associate Credential (CDA)? (n=64)

1. No 92%
2. Yes 8%

D1. If YES, did you earn any of the following types of CDA. Please indicate the approximate expiration dates of the credentials.

	<u>No</u>	<u>Yes</u>	<u>Expiration Date</u>
1. Center-Based Pre-School (n=1).....	100%	0%	
2. Center-Based Infant/Toddler (n=1)	100%	0%	
3. Family Child Care (n=5).....	0%	100%	
4. Home Visitor (n=1)	0%	100%	

D2. Did you earn college credits for your CDA? (n=5)

3. No 100%
4. Yes 0%

E. When you operated your business, had you completed...

	<u>No</u>	<u>Yes</u>
1. CPR (n=66)	15%	85%
2. First Aid certification/recertification (n=64).....	16%	84%

F. Did you ever attend any of the *multi-day* curriculum trainings listed below? If so, did you receive a certificate?

	<u>Attended?</u>		<u>→</u>	<u>If YES, received certificate?</u>	
	<u>No</u>	<u>Yes</u>		<u>No</u>	<u>Yes</u>
1. Child Net (n=56; 24)	61%	39%		8%	92%
2. Program for Infant/Toddler Care (n=52; 15)	69%	31%		13%	87%
3. Every Child Reads (n=48; 4)	92%	8%		25%	75%
4. Creative Curriculum (n=49; 6)	90%	10%		17%	83%
5. High Scope (n=47; 3)	98%	2%		33%	67%
6. Other (please specify _____) (n=32; 7)	78%	22%		0%	100%

Food program

Child abuse class provided by Family Resource Center

I was in Montana when I did daycare and completed then full day (illegible).

Nutrition

Several

Learn class, child abuse, storytelling

Family child care conference

Teacher assistant certification

Midwest Child Care Home Ass. Member

Whatever DHS provided for certified daycare classes

G. When you were in the family child care business, did you ever...

	No	Yes
1. attend a regional, state or national conference for early childhood training? (n=65).....	79%	21%
2. attend a workshop or meeting for early childhood training? (n=66).....	27%	73%
3. attend a college class in the early childhood field? (n=65).....	74%	26%
4. participate in T.E.A.C.H.? (n=62).....	97%	3%
5. participate in Promise Jobs? (n=62).....	79%	21%

H. Were you a CURRENT, FORMER, or NEVER a member of...

	Current	Former	Never
1. National Association for the Education of Young Children (NAEYC) or state affiliate? (n=66)	5%	6%	89%
2. National Association for Family Child Care (NAFCC) or state affiliate? (n=66).....	5%	3%	92%
3. National Head Start Association? (n=65)	3%	2%	95%
4. National After School Association? (n=65)	3%	0%	97%
5. Other (specify _____) (n=41)	3%	7%	90%
Davenport & schools Para Ed. Childcare Resource and Referral Midwest Childcare Home Assoc			

I. Have you ever used the assistance of the following professional organizations or resources?

	No	Yes
1. Professional Association (n=64)	89%	11%
2. In-house trainings (n=65)	71%	29%
3. Resource & Referral (n=66)	20%	80%
4. Parents as Teachers (n=65)	80%	20%
5. County Extension Agent (n=66).....	59%	41%
6. Nurse consultation (n=65)	80%	20%
7. Community Workshop (n=66)	59%	41%
8. Accreditation Facilitation (n=65)	91%	9%
9. Other resource (books, magazines) (n=66).....	24%	76%
10. Internet resource (n=62).....	40%	60%
11. Other (please specify _____) (n=29)	76%	24%
Food program BYU Education Week classes Family Department of Public Health Teacher		
12. Other (please specify _____) (n=26)	89%	11%
Country Childcare Giver Association Friends DHS Pastor		

J. Approximately how many clock hours of early childhood related training did you complete during your last year of working as a family child care provider? ____
total clock hours of training (n=55)

(Mean=11.3, Median=10.0, S.D.=13.6, Range=0-80)

This section contains questions about your family child care business.

A. When you entered the field, how many years did you plan to stay in early childhood/child care? (n=42)

1. ____ years

(Mean=6.6, Median=5.0, S.D.=5.6, Range=1-30)

2. Other (please explain _____)

Lifetime...didn't know how long I'd have children in my home, but knew I'd be working with children somewhere.

I didn't have plans for this?

Was not sure at that point in time

I had 2 young children and wanted to be there for them along with taking care of others, so at least 6 years.

Didn't know

Was not sure

Until my kids were in school

Wasn't sure

While I head my own infant preschool children still at home.

Until my child got into school just continued

Unknown, just as long as possible

Amount of years was to be determined by need and fulfillment of new career- helping children grow

Forever because I loved children

As long as I was able- was planning to stay home as I had children

Didn't really plan on stopping

As long as my health provided me to

Only stayed in until my daughter started school

Forever, I like the job

I had no deadline, I was happy doing what I was

Didn't think about that!

I did daycare until I found a job after my former employer closed the business

Did not have an end date in mind

B. How many years did you actually work in early childhood/child care? ____ years
(n=66)

(Mean=6.8, Median=4.0, S.D.=6.6, Range=0-28)

C. What year did you close your in-home business? _____ (n=63)

1996	3%
1998	2%
2001	3%
2002	2%
2003	18%
2004	47%
2005	25%

D. For what reasons did you close your in-home business? (Circle ALL that apply.) (n=65)

- | | | |
|----|--|-----|
| 1. | I couldn't make enough money to support my family. | 40% |
| 2. | I had problems paying health care expenses. | 11% |
| 3. | The challenge of juggling home-run business and my own family's personal needs | 35% |
| 4. | I missed being around adults. | 29% |
| 5. | I missed leaving the house to go to work. | 14% |
| 6. | Caring for other people's children just wasn't right for me. | 8% |
| 7. | Difficult relations with parents | 14% |
| 8. | Other (please specify _____) (Comments begin below) | 60% |
| 9. | Other (please specify _____) (Comments begin on page 86) | 9% |

D.8. Other

Better job offer
 Health
 Had major surgery
 Other opportunity to use my training and hopefully touch a wider audience of children and other teachers
 Birth of second child
 I became ill with cancer.
 Too long hours
 More hours for less money
 We moved across the state because of my husband's job. I was feeling burned out and used up so I didn't re-open my daycare.
 We moved out of state and I didn't try to start up.
 Moved out of area
 Disability
 Moved out of town
 Never picked up new children after I stopped watching the last child; I didn't try to pick up any new children. I just chose to get a job out of the house.
 I had an opportunity to advance my career
 Ready for a change
 Parents moved
 Moved to different area
 Health problems
 Returned to nursing school, full time
 All my childcare children went to school
 Divorced
 Previous employment offered job with benefits
 I had a baby
 Parents didn't want to pay on time & brought myself in personal problems

D.8. Other (continued)

Parents not showing up on time to pick up their children
Moved away
My health
Personal reason
Sickness
Couldn't pay rent so I had to move into an apartment
Days too long (10-11 hours)
My two youngest children graduated from high school.
Husband got a job in Tallahassee, Florida.
Own children were all in school
Husband ill and died of stroke
I moved to a different town
Parents didn't want to pay--bounced checks, etc.

D. 9. Other

No flexibility
I was burned out; too much liability versus too little profit
Had to get a job
Patience running low for children
Parents don't like to pay for daycare--even good daycare
Needed a break but would love to teach preschool
Wanted to work less hours

E. Please describe the situation that led you to close your in-home business.

Offer a better job
No kids
I could have up to 6 kids and only had and when I closed I had gotten like 8-10 calls within that month but I had already went to work.
Parents took advantage and never picked children up on time.
Had a very serious surgery that left me temporarily paralyzed; still recovering.
Church preschool opening in my church, felt I could contribute there. Over 80% of my clientele was also a part of this church, so it seemed like a good opportunity for us all to join forces.
I wanted to spend time alone with my first child before he was no longer an only child.
As my oldest child started school and became involved in after school and evening activities it was hard to get him to his activities and maintain the hours of open business a daycare requires. Also, needing to go through cancer treatments led me to the decision to focus on my own family. Running a daycare requires many hours of work outside of hours of operation and limits family time.
I became a stay at home mother after the birth of my third child. I did not need the income and felt busy enough with my own. I did not enjoy the long hours and lack of flexibility. I did it full time one year and part-time the second year. I did not enjoy it in my home.
Went to work with my degree; made more money in less time
I had problems with a family paying me; they never did. I just couldn't make enough money.
I missed meeting people and conversing with them. You think you can change and give some children a better life, but you have to change the whole life style for that. I needed a challenge so I got my Ins license (crop and PC) and find it very challenging.
Not enough personal time, parents who didn't respect me as a professional.
Lack of parents paying, no notice given when they pulled child out
See above
My husband was in jail for drugs when he got out the state didn't think he should be around the children. So they took my license, which he does not do drug now and won't in the future.

E. Please describe the situation that led you to close your in-home business (continued).

After 10 years I was burned out and ready to do something else. My kids were all over 2 years old and sent to a full time daycare, only coming to my place when sick; other daycare shut down on vacation or same such thing. I was working any call at the schools and could make more in 8 hours than I did in a 40 hour week of daycare with less hassle.

I was best to quit it entirely when moved out of state.

My children left to go to elementary school.

We moved to a new area and decided it was the right time to go back into the work force outside of the home.

All my kids were in school. I was in a rural area and the kids were not available.

I became legally blind.

Had children of my own and wanted be me more devoted to just them.

I moved to a new town; I didn't know any families. I also am a CNA so I stayed with that for income.

I was watching one child and the mother wanted to stay at home with her child too for financial reasons.

I had an opportunity to return to teaching preschool in a new low income/ minority center & it sounded like a great opportunity.

My husband's health insurance was outrageous and I needed to find a job that paid my or part of my insurance

Parents moved out of town & could not find anymore to watch

Started my own business hoping to make more money down the road, wanted more freedom, better hours – tied down at home for 10 ½ hour days

Had the opportunity to have a job with benefits – health insurance, 401K, etc. where doing in home daycare no guarantee amount and no benefits to help out my family.

Was not showing profits and tax consultant recommended

Took a job as a local director of a preschool; My job has great hours, decent pay, and I get to take my kids to work with me for free!

I had another child – the parents and I did not agree on certain things, a 4 year old with pacifier and diapers. No problems just lazy. Kids didn't come back after maternity leave was over.

My husband got transferred. Upon moving my children started school and had no one at home.

I have an illness that has taken my ability to walk and write at one time. I am walking and writing again. It is not safe for me to have the responsibility of caring for other children besides my own. I miss it very much but I love kids enough to know it's too risky.

I wanted to receive my RN degree, so I went back to school full-time.

My husband transferred and I did not want to start over in a new community.

Divorced

Basically I couldn't make enough money to support our family. We needed more income.

Not enough children to watch.

All my kids were in school, a job opportunity arose that allowed me flexible hours.

I never had more than one child part-time and it didn't work out whenever I interviewed other families. I needed more money.

Previous employer called with great benefits, couldn't turn down and my children were all in school

I had a baby & the parent thought I needed no time off after delivery & I took time off any way so they found a new daycare

Both sets of parents split, one divorce, another split. The divorce couple- the father made a pass at me one adv. His wife, whom is my friend, and he then accused me of the reason for their divorce

**E. Please describe the situation that led you to close your in-home business.
(continued)**

I tried to be as easy on parents as possible- but my last two clients were very bad about picking up their children on time--with total disregard for my personal family schedule (after 5:00 pm) and were not good about paying on Fridays as the contract stated. I didn't charge for holidays, vacation days or sick days either.

I had some parents that would argue that their child is better and so on this lead to a big fight between parents and they wanted me to solve it by picking and choosing what family to keep and what family has to leave and I just wasn't going to do this.

We (my husband and I) were renting our house that I provided childcare in. We planned to buy a house nearby but we found/ bought one in a nearby city.

I did miss being around other adults, but the main reason was not making enough money.

The limitation on the number of kids makes it hard!

Too many parents did not want to pay!

I wasn't making enough money and found a part time job because I was pregnant at the time with second child. Plus parents abused my services.

This is personal.

Sickness in the family

I couldn't pay my rent or utilities. I was a one income parent; I did the best I could but the money wasn't there so I moved into an apartment with my boyfriend and closed the daycare.

Several of the children I had were approaching pre-school and I knew their parents wanted me to transport which I could not do, yet I needed to transport my own son.

My 2 youngest children graduated from high school.

A lot of parents had trouble paying; there were a lot of hoops for them to jump through. I usually cared for kids/ infants of single parent home/ low income to help them.

Parents not wanting to pay for the daycare; The children only showing up part-time, this did not help with expenses. One of the biggest reasons that parents are not educated on what the expense are in having a day-care such as material for activities, etc.

Was unable to get children in my home; There was already several in home daycare in the small town already established.

Husband relocation, family issues, some was the parents I was getting were single parents. I had to lower my rate because jobs were being eliminated (_____ other).

I had worked away from home for several years and the place I was working closed. I started keeping a friend's little one when she needed someone and then I told the parents should I get a job that I would probably take it. I enjoyed the kids but I had worked away form home for so long I missed some of the benefits.

My own children were all in school and I was offered a job at a child development center.

Husband diagnosed with cancer, had treatments 3 times a week and died of stroke 12 weeks later. Made too much money because of social security benefits from husband's death

We are home schooling and needed to make that our priority.

I moved out of Adel & moved to Winterset. There are so many daycares in this town already so I didn't even try to watch anyone else's children.

I love watching kids but the parents ruined it for me because they want quality care for free. I had problems with getting some parents to pay and others wanting to pay next to nothing but wanted me to take their kids everywhere.

F. What was your employment status right after you left work as a family provider?
(n=63)

1. Work at a center	8%
2. Work at a school	10%
3. Go to school	10%
4. Stay at home with my children	22%
5. Work outside the early childhood field	33%
6. Other (please specify_____)	29%
Part-time 15 hours/ week	
Explained above	
Housewife	
Self employed	
Worked at YMCA Childcare	
Again my health	
Office job	
Applying for jobs	
Nursing home cook	
Went to school to be a CNA	
Nanny	
Hotel housekeeper	
Retired	
Stayed at home	
Restaurant waitress	
Trained in an office for 6 weeks to do medical transcriptions in my home after that	
Retired	
Work PT Wal-Mart	
Going to school	

G. Is your current situation better than when you operated your in-home child care business? (n=60)

1. No	22%
2. Yes	78%

H. For what reason(s) did you answer the way you did to the previous question?

I am still around my child and get to help other children and families.
 Because not enough income
 It's a steady paycheck coming in.
 Do not deal with parents' attitudes.
 I was getting burned out from watching kids.
 Positive – Opportunity to mentor others and share what I've learned
 - Opportunity to work with more children
 Negative – Frustrations that arise from working with people who have much less training and experience and a much more narrow view of preschool
 - Long hours of work related to starting a new program...takes away from time I have to plan for kids...difficult because everything was already in place at my own program
 I'm working a part-time job where I can bring my kids along and making the same amount of money.
 I am able to spend more time with my family.
 I am able to care for my family's needs better and I am not spreading myself too thin. We have more flexibility now. I have time to enjoy my own children instead of simply meeting everyone's needs.
 Able to be with own child for quality time and only working 20 hours not 40+ hours a week and making the same money.
 I have a set amount of hours and money to count on each month.

**H. For what reason(s) did you answer the way you did to the previous question?
(continued)**

I love children. I had six of my own, and wanted to give them what they needed when mom was not there, but in this day and age life is too demanding and incapable of changing life styles.

Flexible schedule

I have a weekly, steady paycheck.

I now work in a preschool/ daycare setting as an associate. I still get to plan activities and enjoy the children, but don't have to responsibilities of paperwork, recordkeeping, parent relations, etc. I can now ENJOY my daycare experiences.

It cost more for me to work outside the home.

I work a 20 hour work week, get medical benefits, vacation, etc. working in an adult environment, make more in 20 hours than 50+ doing daycare without dealing with frustrations of disciplining kids, parents showing up late but most of all the liability issue. At that point it was starting to get to be something always hanging over your head. I loved my kids and their parents but kids are an accident waiting to happen and with a 3 ½ picket fence with 3 gates that any 2 year old could unlock and not all are visible at one and 2 dogs, it was a real worry for me.

Paid insurance, better hours, paid holidays, more pay, sick leave, personal days, paid training
Less stress on family and home; I can put my children in activities and not have to worry about when someone should be here to pick up a child.

Make more money

I cannot work.

Because I enjoy staying home with my own children and no pressure of others

I would like to day care again.

I am a stay-at-home mom currently but miss my children having other children around to learn & play with

I am currently a preschool teacher & director of a daycare in the town where I live. I get to do what I love and work outside my home.

I miss the kids, but having your insurance paid and paid vacation is nice.

Because I do not make as much money as I did at home but at least I meet new people

Have better hours, can leave for an hour or so, can make my own hours; can get my kids to appointment and school without taking the whole day off

I have a guarantee pay with benefits.

Less stress and less mess in my house and not tied down. I have more time flexibility working outside house.

I get to leave the house, work with other adults, and come home to a quiet, clean house with just my own children.

I work part-time with adults in retail.

I have a part-time job that strongly encourages family time. I can take off anytime to be with kids before, during, or after school.

My illness is getting worse. I am very close to being put in a wheelchair. I am must trying to stay healthy enough so I can take care of my 2 girls.

I am on a path to allow for financial advancement, more quality time with my family without other children around. No more taking advantage of running late parents into my family's time.

I have more time with my family.

I make more money with a full-time job.

No pressure...raising another's child and teaching them right from wrong is a big responsibility; parents may not have same views.

We have been in transition due to my husband's job loss and money for a new job. I had 3 preschoolers up until my oldest went to kindergarten this year so no job paid my daycare costs. Our current home is too small to do daycare in but can't afford a larger one.

Financial status is better with 401K and vacation

My employment now gives me a salaried paycheck for the hours of 8-5 (5 days a week).

Because since I had just had a baby I couldn't go back to work & I got behind on all my bills.

**H. For what reason(s) did you answer the way you did to the previous question?
(continued)**

I do not need to worry if I am going to get paid for services or who is picking up the children or if they're coming at all.

Childcare in your home can be very hard on your furniture & walls & carpet--some children, depending on their manners at home, can be hard to keep up with. Also you have many age groups and temperaments--many parents don't teach their children to share & care with and about others, making it hard on the other children and the caregiver. Many parents feel childcare isn't important and don't like to pay for their children's care--yet they spare no expense when its party time or they need the carton of cigarettes.

Yes because a lot less stress

I miss the other children that I provided care for but now I get to take the children, do more activities and provide more one-on-one attention

Make about the same amount of money, I sometimes think about going back to in home childcare.

Not around children as much; I loved watching kids. It was a hard thing to stop.

I'm making more money ever week. I have health benefits.

A person can always improve their circumstances if conditions are proper. There is money to be made in childcare. I felt loved by the children and the parents. I am alone now.

I have more time.

I have a man that helps two people income.

I am earning more per hour and have more flexibility with work schedule.

I'm ½ yr. away from teaching degree.

My situation is better because I know what exactly I am receiving for income. In day-care I could never budget.

I was very happy & fulfilled with child care in home. I love to work with children (since this I adopted a child and have a hard time finding quality child care!) (in home daycare)

Money and life is better in Tallahassee, Florida. The jobs are a better community is better then economics is better.

I have more time to devote to my own family., I make about the same amount of money; my hours are more flexible.

Unable to work or make over x-amount due to social security benefits from husband's death

I'm able to give my children the time they need to make progress in their school work. I don't feel as pressed and scattered. I do miss the interaction with those children and the extra income.

I'm not paying out as much money.

I'm in the process of switching careers.

I. If the following benefits would have been available to you as a family child care provider, is it UNLIKELY or LIKELY that you would have continued to provide care in your home?

	Would have made NO difference		
	<u>Unlikely</u>	<u>Unlikely</u>	<u>Likely</u>
1. Wage supplements, based on training and experience (n=63)	10%	24%	66%
2. Annual cost of living increase (n=65)	9%	23%	68%
3. Periodic merit increases (n=64)	9%	36%	55%
4. Year-end bonus (n=65)	5%	25%	70%
5. Health insurance benefits (n=64)	6%	24%	70%
6. Dental insurance benefits (n=64)	6%	25%	69%
7. Short-term, long-term disability (n=65).....	11%	32%	57%
8. Retirement benefits (n=64)	8%	19%	73%
9. Reduced or free child care (n=62)	19%	60%	21%
10. Paid vacation days (n=64)	7%	27%	66%
11. Paid sick days (n=65).....	8%	26%	66%
12. Personal leave (n=65).....	8%	31%	61%
13. Flexible, discretionary paid time off (n=65)	9%	32%	59%
14. Paid parental leave (n=64).....	14%	39%	47%
15. Training & tuition (n=65).....	10%	42%	48%
16. Scholarships for credit-based courses (n=65)	12%	39%	49%
17. Forgivable loans (n=65)	9%	34%	57%
18. Paid while in training (n=65).....	11%	26%	63%
19. Recognition awards (n=65)	14%	52%	34%
20. Formal mentoring and support (n=63)	14%	64%	22%
21. Networking opportunities with peers and others in the field (n=64)	13%	57%	30%
22. Supplies or equipment for program (n=64)	6%	25%	69%
23. Professional development materials (n=64).....	13%	34%	53%

J. What other kinds of opportunities, benefits, or incentives would have made it more likely that you would have remained in the early childhood field?

Get paid when the children are absent or when they don't need a babysitter, get paid for two weeks after they are gone.

I had no choice in the matter.

I did remain in early childhood. I would've been more likely to stay in my home if I could've gotten licensed and run a larger center, but my community zoning committee wouldn't allow that, even though my property is adjacent to elementary school property.

Some way to receive trainings that would not take away from family time

None, I wanted to be a stay at home. Doing childcare was a transition from teaching at school because I felt I still need the income at that time.

None

All of above

J. What other kinds of opportunities, benefits, or incentives would have made it more likely that you would have remained in the early childhood field? (continued)

I'm not sure there are any.

At the time I left daycare I don't think anything would have kept me in daycare. Maybe if over the previous 10 years I had as the daycare owner and provide had those circled above it might have helped but I think the only thing that would have made much difference was the daycare located in a building next to, not in my home, with it and the yard designed with daycare in mind and maybe 1 or 2 helpers and what I was making didn't meet it nor did I have any desire to do it.

NONE

Nothing I enjoy taking care of my own children.

A need in the area I live

A network of substitutes to call upon in case of sickness or emergencies

The question before this takes care of this question

Free CPR classes. Not having to take classes even though I have experience in childcare.

Free nutrition or healthy snack classes

Work

In my situation none of those things played any type of factor. I did homecare for the love of children. I was getting paid and doing what I loved, not too many people can honestly say that.

Nothing really; I want to be an RN and incentives may only have prolonged my business, but it would not have been forever.

I don't think for me I would have stayed. Responsibility and liability too great

Assistance in finding children to care for

An opportunity to have income while building full-time, reliable clientele

Parents with state funding to have to give a thirty day notice before changing providers

I tried the referral program & received no one. I had no other opportunities to have other children. I believe there is a daycare in-home close to my home.

DHS did not work with me when I cared for a child in protective care and she also had mental disabilities. When we, in our area, reported a mother for abandonment (leaving her children all night and not showing up till morning) DHS said "she knew they were being taken care of, so it wasn't a problem." This same mother had a severe drinking problem & one day walked into our school & dragged her child from the classroom. They immediately moved or "took off" to keep DHS from finding the kids. DHS doesn't help us out or listen- they don't let us talk to the "case worker" when there is a problem.

A higher pay for each child \$1.75 an hour was a little too cheap

I am still in the field (nanny) but I strongly feel that if society had more of a positive outlook on childcare providers, things would get better. Having said this I know there are ways to raise the quality in childcare. We want quality childcare but the centers, for example cannot pay their caregivers well. The "quality" childcare providers have spent a lot of time and money to receive their education/ degrees. They need a decent paying job to pay for their education. I think its going to cost the state money if they want quality. Money is not everything. I did not join this field for the money but we do need a substantial amount to support ourselves.

Above pretty much covers it

Paid with or without children in my care, sick, vacation

Higher state wages; I feel a child age of 12 and over should also be a dollar amount opposed to free. A 14 year old still must be supervised. Thus money should be received for services rendered.

None

Parents that were reliable and paid better referrals so I had more kids in my daycare to stay in business

While all of the above would have been wonderful to have, because of the situation when I quit, not really any of them could have changed my mind.

Trying to help others when I could barely help myself

J. What other kinds of opportunities, benefits, or incentives would have made it more likely that you would have remained in the early childhood field? (continued)

This is a sensitive issue, because I think daycare providers should be unionized. Day care providers do not have any guarantee of their incomes. If there was a flat straight rate across the nation, then daycare provider could budget. I think the government needs to change the regulations of daycare. Nothing against farmers, but if they have bad crops, they receive thousands. What about the daycare providers? This is a very stressful job and definitely the pay needs to increase! When I did daycare, I put 50-70 hours in a week (the paperwork, etc).

Perhaps daycare in the home, in a larger community; The town was too small & I had moved there not knowing people.

The biggest was the economy took a turn; it was hard on us all.

Having a large enough staff/building to have flexible hours

Not having to go to training courses to be certified since I know how to take care of my children

Regular check

K. Did you have health insurance while you operated your child care business? (n=64)

1. No 19%
2. Yes 81% →

K1. If YES, was it through your spouse's employer? (n=52)

1. No 15%
2. Yes 85%

IF NO, how was it available? _____

I didn't have any.

Self employed insurance through Farm Bureau

Was not married

Self

Self insurance Blue Cross

Title 19

No private/I had Medicaid cause I was pregnant.

State medical

On my own

Q West - retired

K2. Were your children covered by health insurance? (n=50)

1. No 2%
2. I had no children at the time 12%
3. Yes 86%

K3. If YES, what type of insurance did you have? (n=41)

1. HAWK-I 5%
2. Private 51%
3. Other (please specify _____) 44%

T19

Spouse's employer

Blue Cross/Shield

Spouse's employer

WBBS of Iowa

Thru spouse's family plan

John Deere Health

Spouse

Blue Cross

Through spouse

Spouse's employer

Title 19

Through spouse's work: HMO or Heritage or Blue

Cross/Blue Shield

State medical

Spouse's employer

Spouse, employer

Spouse

L. While you operated your family child care business in your home ...

	No	Yes
1. did you save anything for retirement? (n=65)	88%	12%
2. was your income from child care your household's only source of income? (n=65)	83%	17%

M. Were you paid ...

	No	Yes
1. For vacation (n=65)	80%	20%
2. When you were sick and could not provide care (n=65).....	91%	9%
3. When children did not show up (n=66)	61%	39%

N. Did you use a contract with parents of the children in your care? (n=65)

1. No 25%
2. Yes 75%

O. In a typical week, how many hours did you spend providing child care for pay?

_____hours per week (n=62)

(Mean=50.9, Median=50.0, S.D.=12.9, Range=11-90)

P. Approximately how many hours per week did you spend working on your child care program *before the children arrived or after the children left*? (Including time spent on preparing food, bookkeeping, shopping, and/or doing laundry for child care children.)

_____hours per week (n=65)

(Mean=14.5, Median=10.0, S.D.=14.4, Range=0-75)

Q. In the last full year of your child care business...

Q1. Estimate your gross annual income from child care-related activities?

\$_____ (n=37)

(Mean=\$11,429.46, Median=\$10,000.00, S.D.= \$7,559.59, Range=\$90.00-\$2,900.00)

Q2. Estimate your total annual expenses as an in-home child care provider?

\$_____ (n=37)

(Mean=\$5,693.97, Median=\$4,300.00, S.D.=\$4,780.73, Range=\$200.00-\$24,000.00)

In this final section, information is requested to give an accurate description of respondents to our survey. To ensure confidentiality, your responses will be combined with responses from others so that your individual information is not recognizable.

A. What was your age on your last birthday? _____ years (n=64)

(Mean=37.3, Median=34.0, S.D.=11.0, Range=21-70)

B. Your sex? (n=65)

1. Female 100%
2. Male 0%

C. What is your race/ethnicity? (n=65)

1. African American 6%
2. American Indian 3%
3. Asian/Pacific Islander 0%
4. Hispanic/Mexican/Spanish 3%
5. Caucasian/White 88%
6. Other (including multi-racial – please specify _____) 0%

D. Please indicate the number of people in your household in the following age groups. Do not include children who lived on a college campus for the majority of the last 12 months. (n=64)

BE SURE TO INCLUDE YOURSELF

AGE GROUP	NUMBER IN HOUSEHOLD							
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>8</u>
Less than 5 years	61%	17%	20%	0%	2%	0%	0%	0%
5-11 years	42%	27%	29%	2%	0%	0%	0%	0%
12-18 years	73%	13%	14%	0%	0%	0%	0%	0%
19-29 years	69%	17%	14%	0%	0%	0%	0%	0%
30-44 years	39%	23%	38%	0%	0%	0%	0%	0%
45-64 years	73%	13%	14%	0%	0%	0%	0%	0%
65-79 years	98%	0%	2%	0%	0%	0%	0%	0%
80 years or older	100%	0%	0%	0%	0%	0%	0%	0%
TOTAL PERSONS IN HOUSEHOLD	--	5%	22%	9%	28%	23%	11%	2%

E. Use this space for additional comments you would like to provide.

I love providing care for children.

None

I have taught full day, half day and every other day kindergarten; Head start; private and public preschool. I've worked at camps, as a nanny, in centers and in schools. In-home care has been by far the most difficult because the provider must be the cook, janitor, bus driver, record keeper, and teacher. Because teaching is the biggest part of me, I was unwilling to compromise that part. Therefore, just to keep up, I worked VERY long hours for very little pay. The pay was reduced further by the money I spent to make sure I had quality materials and offered high quality experiences.

Doing daycare was a transition for me from working full time as a teacher to becoming a stay at home mom. It allowed for us to gradually ease off of my full time income. The hours were too long and I felt I didn't have the time with my children that I wanted. It wasn't what I wanted for these short years with my children while they are little. I plan to re-enter the teaching field when they are school age for a school district.

Childcare if structured as a business is financially and humanly rewarding, but in small communities the financial part is not always there for families.

FYI – I did daycare for babies to age 2 or so at that point they went to a real daycare, but would come back and stay with me when they were sick or couldn't go to their daycare. I never had more than 3 children most of the time many of the children I had were only for a strictly hour to hour basis and very part time. Even the regular kids I only charged the hour. I didn't charge if they didn't come nor did I ask them to donate or raise money for the daycare. I started simply by caring for a baby, as a chance to earn money and yet stay at home. Then that mother knew a friend who was expecting and needed a babysitter, and then I registered for meal subsidies and they gave my name out. I met my first mother and by then good friend had a second baby. I'd just get a child sent off to another daycare and end up with 1 or 2 more. I did it because I loved the kids and parents I had, not for the money cause never made much. I charged about 50 cents to a \$1 hour less than others, had 1 or 2 children at a time (I hoped no more). What burned me out was I had about 6 months when I somehow ended up with as many as 6 children particular day at once, 3 over 3 years old, 2 or more 2 years old and 2 newborns; generally, only 1 or 2 at a time but it cook up my whole week. I decided taking care of kids wasn't my destiny. It was 4 years before I'd even ask to hold a baby. Now, they're fun to sit and watch but I've decided there is a reason young adults, not older adults, have and raise kids. It's called lack of energy to be able to keep up with them and ability to tolerate the noise and activity and the patience to tell them the same thing millions of times and lack of fear that they'll get while playing. I'm afraid today they would be in a padded room to play or I'd be in one.

Stress levels are high in home childcare. There are others to help with a child who is in trouble (being naughty). Activities can be hard to plan with a wide age group (infant-10) or too many to place in a vehicle.

I enjoyed being an in home child care provider. I believe more people would stay in this field if they had benefits. I hope this can happen soon.

Childcare is a very rewarding. This children become (not legible) of your own and you get to know the parents and they become friends

I really loved the kids, and like being home but the long hours and wear and tear on my house, furniture was making me unhappy. All the cooking, cleaning, and activities were wearing me out. No benefits, no retirement, having to be here 10 ½ hours a day.

Lost money and time assuming on/off days and after hours

I apologize for not responding before. I was at Mayo Clinic and now on my way to Iowa City. Thank you for choosing me as one of your questionnaire customers. I hope I was helpful for you. Thank you again. _____-_____

E. Use this space for additional comments you would like to provide. (continued)

I feel that childcare providers should make more money. They work hard and deserve it. I know I pay my childcare provider good. And I don't have a problem with it, because that person is taking care of the thing I love most in my life. I just wish more people would see it that way. I enjoyed every minute staying home with my child and watching other children. I wish I still could; financially I can't for our family.

Daycare was to be with my children by the time I paid utilities & home expenses plus daycare projects & food I lost money. Plus parents didn't want to pay another wanted to pay with state (not legible) & that would have been 2-6 months out in pay.

In childcare, many parents feel it is an unnecessary expense, since they watch their children for 'free.' Since you are a 'home' provider you can't lock the door when they fail to show up on time for pickup of children. They don't respect you for your knowledge of child behavior and get defensive when you give advice. We are all considered- lazy or too stupid to get a "regular job" as most mothers think "their children" are all perfect and so easy to take care of even the ones that swear, hit, spit, scream & show total disrespect for the provider and the parent. Childcare is a loving experience, yet a very hard profession on families & self esteem.

As I stated earlier, I believe respect for childcare givers is important. Money, however, is the big issue. A "quality" childcare giver (and I am not saying that the only quality childcare givers have a degree) applies for a job at a new beautiful center. They want experience and prefer a degree. It sounds great- until they offer \$6.00 an hour. I believe that many are forced to turn down the job because they must survive themselves. Where in home family childcare is concerned, I think we need to have more random inspections. We have so many women/ men choosing to stay home & care for children just for the money. Quality is not a concern. More funding to DHS or programs like childcare resource & referral would surely help. When providing in-home family childcare, the provider must come up with all of the supplies, equipment, food, etc. this takes money. My spouse's job enabled me to get these things. Many providers are not so lucky. I could go on and on. It seems that the only people concerned with quality childcare are those who are educated and know its importance.

I currently work as a childcare provider in a private home. Very please with the time I had to run a daycare out of my home. Would do it again, if I could; My stepson now lives with us, so it is nice to be able to watch children again. Even if is not in my house!

Q = Personal Question. Income varied by number of children.

DHS wage too Low, needs to be \$2.50 to \$3.00 per child per home. DHS need to inspect ALL homes, NOT homes that DO the rules only to make it easy to say they met quota. I was told DHS inspected me and another person because they knew we did all things correct. ALL homes need to be inspected because it is needed and correct 100%.

The support wasn't there; only way to survive raise prices; but that wasn't fair as the kids would go somewhere & not receive proper care or supervision!

I just wish more voices would be heard when it comes to child care. Daycare is a hard job and the providers do not get any benefits except for the love of the children. Also, bless your hearts for doing these surveys; I hope some day this will make a difference for the day care providers.

I had run a very successful daycare in my home in Omaha NE, worked for two major companies (by chance) parents worked at Union Pacific & Mutual of Omaha I got these children by word of mouth & never had to advertise. I was very happy and felt great about my chosen field of child care provider. Was sad to give it up - upon my move to Wall Lake, IA

I think or feel that all daycare providers should do some preschool or learning education time from age 2 years on up till school and help to have school age kids read in summer. This should be mandatory. There is no reason for a daycare provider to just let the children play and watch TV. They learn better in small groups.

APPENDIX G. TELEPHONE INTERVIEWS WITH BEST PRACTICES FAMILY CHILD CARE PRACTITIONERS

Selection of the Best Practice Family Practitioners

A random sample was generated from a list of nominated programs obtained from the NAFCC of best practice family practitioners. The sample was called and asked to participate in a telephone interview. Those who agreed were told they would receive a \$25 gift card for participating. The participants were sent a packet with the information necessary to conduct the interview. All interviews were transcribed and analyzed for recurrent themes.

Best Practice Family Practitioners' Demographics

The total sample of best practice family practitioners was made up of 6 respondents. Of the 6 respondents, all were female with ages between 35 and 57 years. All but one was Caucasian, with the other respondent an American Indian. Respondent has been in child care for 3.5 to 27 years. Respondents put in well over 40 hours a week (range = 47.5-60 hours). The average annual income for respondents was \$23,313, while annual expenses from in-home child care averaged \$15,301.

APPENDIX H. MITCHELL, ANN. 2002. COMPARISON OF CURRENT PUBLICLY FUNDED STATE INITIATIVES FOR COMPENSATION & RETENTION

See following page for a table with examples of publicly funded incentive programs in other states.